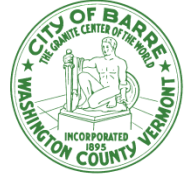


# City of Barre, Vermont



## ELECTION OF H.S.A. BENEFITS FORM Plan Year 2023

Name (Last, First, Middle) \_\_\_\_\_

Date \_\_\_\_\_

Last 4 of SSN \_\_\_\_\_

Name of Bank \_\_\_\_\_

### Contribution to the Health Savings Account

\_\_\_\_ I elect to contribute to the Health Savings Account for the 2023 plan year. This contribution will be pre-tax (Saving State and Federal income taxes and FICA taxes)

Amount to be deducted each pay period \$ \_\_\_\_\_

\_\_\_\_ I elect to not participate in the Health Savings Account

Maximum amount that can be contributed and deducted from all sources is specified by law (indexed Annually) for 2023.

- \$3850.00 (Single Coverage) – 2023
- \$7750.00 (Two Person, Parent/Child(ren) or Family Coverage) - 2023

Individuals that are age 55 and older are eligible to make “Catch Up” contributions up to \$1000.00

Owners of the account, not the employer are responsible for ensuring that the contributions do not exceed the annual maximum allowed amount.

### WAIVER OF PREMIUM CONVERSION

All employee-paid Health Savings Account (H.S.A.) will automatically be payroll deducted on a pre-tax basis through the City of Barre unless you elect not to participate. My signature below verifies that I understand it is my responsibility not the employer to ensure that the employee contribution in combination with the City contribution does not exceed the IRS allowable limit.

Employee Signature:

Date:

\_\_\_\_\_

\_\_\_\_\_