

# Health Savings Account (HSA) Election Salary Reduction Form

City of New Haven -2023

LOCAL 1303-467 Nurses

Emp#

Use the following form to set up a pre-tax, per-pay period contribution to your HSA for CALENDAR YEAR 2023.

Name: \_\_\_\_\_ Social Security Number: xxx-xx- \_\_\_\_\_

Home Address: \_\_\_\_\_

Street

City

State

Zip

In order to be eligible for a Health Savings Account (HSA) you must meet the following IRS criteria:

- You must be covered by an HSA qualified high deductible health plan (High Deductible HSA Plan)<sup>1</sup> (see reverse);
- You cannot be covered by another health plan (for example, your spouse's health plan or flexible spending account);
- You cannot be covered by Medicare (Part A, B, or D); and
- You cannot be claimed as a dependent on another individual's tax return.

The maximum annual employee contribution amount, combined with your annual City of New Haven employer contribution, cannot exceed the IRS stated maximums for the calendar year<sup>2</sup> (see reverse). The maximum contributions for **2023** are **\$3,850 for 1-person**, and **\$7,750 for 2-person & family**. Individuals age 55 and older can make additional catch-up contributions of up to \$1,000 in **2023**.

The **2023** City of New Haven employer annual HSA contribution for Local 1303-467 is \$1,000 for single contracts and \$2,000 for 2-person & family contracts<sup>3</sup> (see reverse). The following worksheet is provided to enable you to elect a contribution which will not exceed annual limits<sup>4</sup> (see reverse). Please write in your per-pay employee contribution in the space in **Box A**.

## HEALTH SAVINGS ACCOUNT ELECTION Worksheet 2023

A	B	C	D	E	Maximum Annual Employee & Employer Contribution MAY NOT EXCEED: <sup>4</sup> (see reverse).
Employee Contribution Per Pay Check	Number of Pay Periods <sup>5</sup> (see reverse)	Annual Employee Election (A x B)	Total Annual City of New Haven Employer Contribution 2023- <sup>3</sup> (see reverse)	Total Annual Employee + Employer Funds Contribution (C + D)	
\$	x	= \$	+ \$1,000 for 1-person contracts OR	=	\$3,850 1-person
			+ \$2,000 for 2-person or family contracts	=	\$7,750 2-person or family
(write in the amt above you would like to have taken from your pay & sent to your HSA account) <sup>6</sup> (see reverse)	Comment: i.e. "One Time" or "Replaces previous form" <sup>7</sup> (see reverse)				**Additional \$1,000 allowed for persons Age 55+



☐ I elect the above HSA employee contribution in Box "A" until I change it. I understand and agree that:

- I authorize my employer to reduce my pay before taxes on a "per pay period" basis as indicated above.
- I understand my contribution election (if any) continues until changed. I understand that I may add, change or revoke my HSA contribution at any pay period with 10 calendar days advance notice.
- I understand that my changes must be prospective in accordance with Internal Revenue Code (IRC) rules.
- I understand that to avoid taxes, the reimbursement requests I will be submitting to my HSA account must be eligible medical expenses per the Internal Revenue Code and that I must not have been previously reimbursed for these expenses from insurance or any other source.
- I understand it is my personal responsibility to keep receipts for anything paid from my HSA account in the event that the IRS requests documentation of qualified medical expenses.
- I understand it is my personal responsibility to carefully plan my HSA contribution so I do not exceed the calendar year maximum contributions allowed by the IRS. If I do over contribute for the year, I will be subject to taxes on any contribution made over the maximum.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Completed forms should be returned to: Dept of Human Resources, Room 102, 200 Orange Street

Please note that it may take 2 or more pay cycles for any changes to be made.

For HR use	Completed	Date:
Code / Account #	2413	

Additional information:

- <sup>1</sup> The Anthem Lumenos with HSA is a qualified high deductible health plan.
- <sup>2</sup> IRS regulated Contribution Limit Information can be reviewed on the IRS website. Maximum contribution amounts may change every year. IRS limits are based on a calendar year period.
- <sup>3</sup> The City of New Haven Contribution amount may change each fiscal year. Refer to your Bargaining Union Contract for information. The City contributions are based on a July 1- June 30 fiscal year period. The dates of City funding are indicated in your Bargaining Union Contract. City contributions are pro-rated for employees enrolling in the Lumenos plan outside of the annual open enrollment of July 1.
- <sup>4</sup> Annual limits are also reviewed by Connex Credit Union. They may divert funds exceeding your annual limit in order to prevent you from facing IRS penalties, including income and excise taxes on excess contributions. Contact Connex Credit Union for more information on this practice.
- <sup>5</sup> The number of pay periods you have is determined by your Bargaining Union Contract and job class. You may not be able to alter the number of pay periods you have deductions taken from. Refer to your Bargaining Union Contract for information.
- <sup>6</sup> While these funds are transmitted electronically each pay period to the current financial institution managing your HSA, it may take up to 72 hours for funds to be distributed and available.
- <sup>7</sup> You may utilize this form to make a special one-time contribution, for example, to coincide with the paycheck in which you receive a longevity payment or specific stipend. Please provide the Department of Human Resources adequate advance notice and detail of such requests. We will need to know the date of anticipated payment. There may be deadlines for these special contributions; please contact Human Resources for information. Your regular contribution will resume after the special contribution unless otherwise indicated.

**Completed forms should be returned to:**

Department of Human Resources  
200 Orange Street, Room 102  
New Haven, CT 06510

You may also scan / email forms to [Benefits@newhavenct.gov](mailto:Benefits@newhavenct.gov)