

Cigna Choice Fund HSA

HEALTH SAVINGS ACCOUNT PAYROLL ELECTION

EMPLOYEE INFORMATION *(Please print all information)*

Employee Name (First, Initial, Last)		Moody ID
Social Security Number	Birth Date	First of month in which this takes effect*

*For current enrollments, this form must be completed and returned to the Benefits office by the 15th of the month prior to this date.

TYPE OF CHANGE

- New Enrollment *(Complete all fields below)*

 Update Current Election *(Complete all fields below)*

 Suspend Current Election *(Sign and date below)*

ELECTION AMOUNTS

2022 HSA ANNUAL CONTRIBUTION LIMITS			
	Annual HSA Limitation	Employer Contribution	Maximum Employee Contribution
Single	\$3,650	\$600	\$3,050
Family	\$7,300	\$1,200	\$6,100

Employer contributions are deposited monthly and prorated based on effective date of enrollment
Employees age 55 and older can add up to \$1,000 to their annual contributions

Elect the amount you wish to contribute to your Health Savings Account this year:

Annual Amount \$ _____

Divided By Months Remaining _____

Contribution Amount Per Month \$ _____

I authorize the reduction of my salary on a per paycheck basis, by the amount designated above. I understand that funds that are deducted from my pay and not used for eligible health care expenses incurred after my HSA account was established will be **taxable** in accordance with IRS regulations, and it is solely my responsibility to report these funds to the IRS.

By signing this form and returning it to my Employer, I certify that I am eligible to participate and contribute to a Health Savings Account.

Signature _____ Date _____