Use this form to have money withheld from your paychecks and deposited into your health savings account (HSA) on a pre-tax basis.

You must be enrolled in a consumer-driven health plan (CDHP) with a HSA before you can start a payroll deduction.

I wish to:
- [ ] Begin a deduction
- [ ] Change my deduction
- [ ] Stop my deduction

Effective date: __________________

Section 1: Employee Information

Name: ____________________________

(Last, First, Middle initial)

Personnel Number: _______________

Work phone number: ______________

Section 2: Calculate Your Maximum HSA Contribution

Use the worksheet below to determine how much you can contribute to your HSA in 2022.

Select your enrollment status

<table>
<thead>
<tr>
<th>Individual HSA</th>
<th>Family HSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>$3,650</td>
<td>$7,300</td>
</tr>
</tbody>
</table>

A. Maximum amount that can be put in your HSA for 2022

B. Are you age 55 or older? No, write $0. Yes, write $1,000

C. How much your employer will contribute in 2022

D. $250 - $500

D + E = __________________

The most you can contribute in 2022

If your contributions exceed the amount in D, you risk paying IRS tax penalties. If you are submitting a mid-year change, be sure to include any amounts you have already contributed in 2022.

Section 3: Calculate Your Per-Paycheck HSA Contribution

Continue the worksheet to determine how much you will contribute to your HSA per paycheck.

<table>
<thead>
<tr>
<th>Individual HSA</th>
<th>Family HSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>$_____________</td>
<td>$_____________</td>
</tr>
</tbody>
</table>

E. Number of paychecks remaining in 2022 (if paid biweekly max is 24)

F. $___________

This is the most you can contribute per paycheck

Amount you elect to contribute to your HSA per paycheck $___________

Can be any amount up to or less than F

Instead of a year long payroll deduction you also have the option to "front load" your HSA account and then stop deductions after you reach the IRS max. (ex: elect four (4), $912.50 deductions during the beginning of the year and then stop the deduction.)

By signing this form, I am requesting that payroll deductions be started or changed as shown in Section 3 above and agree to the preceding terms. I understand there are maximum limits I can contribute to my HSA per IRS rules and I may be liable for tax penalties if I exceed this amount.

This request replaces any previous payroll deduction requests for my HSA.

Employee’s signature ____________________________ Date ____________________________

Return this form to P115 Andy Holt Tower • Knoxville, Tennessee 37996 • (865) 974-5251 • payroll@tennessee.edu Keep a copy for your records.