



HSA (Health Savings Account) Payroll Deduction Authorization Form

Employee Name: _____

I authorize Sargent to deduct the amount below from my paycheck on a pre-tax basis to be deposited into my Health Savings Account. This authorization is to remain in effect until the company has received written notification from me of its termination. This deduction may be changed throughout the year, to become effective on the first day of the following month.

I elect a weekly contribution of \$_____ during the 2023 Plan Year to my Health Savings Account. Your contributions will be deposited into your account on a weekly basis.

Contributions will be pro-rated for months you are not covered by Sargent's health insurance plan.

****Don't forget to factor in Sargent's Employer HSA Match:***

Sargent will issue a 50% match on your personal HSA contributions, up to \$1,000 annually for those with employee only coverage, up to \$2,000 annually for those with dependent coverage. The Sargent HSA Employer Match will be deposited into your active HSA account each week, up to the annual match maximum.

2023 Federal Contribution Limits for Health Savings Accounts

HSA Contribution Limit (Employer + Employee)	Self Only: \$3,850 / Family: \$7,750
HSA Catch Up Contributions (Age 55 or Older)	\$1,000

Any amount Sargent contributes to your HSA reduces the amount you may contribute on an annual basis.

Employee Signature: _____

Date: _____