



HSA DIRECT DEPOSIT AUTHORIZATION & DEDUCTION CHANGE FORM

Use this form to elect to withhold money from your paycheck to deposit into your Health Savings Account (HSA) on a pre-tax basis. You must be enrolled in a qualified High Deductible Health Plan (HDHP) to contribute to a Health Savings Account.

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

NOTE: Your Total Annual Employee Election along with contributions from other sources, including your employer, may not exceed the Annual Maximum Contribution amount set by the IRS. Please refer to your tax advisor or Publication 969 of the Internal Revenue Code for more information regarding HSA rules.

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.

Fidelity, Sargent's 401k Plan Service Provider, also offers personal Health Savings Accounts. To set up a personal HSA with Fidelity, please call 1-866-402-7610 and go through the auto prompts to reach a representative. Remember to confirm and write down the routing and account number to complete this form.

Employee Name (Please Print): _____

Health Savings Account Financial Institution Information

Financial Institution Name: _____

Phone Number: _____

9 Digit Routing Number: _____

Account Number: _____

Weekly HSA Contribution Election (to be deposited on a weekly basis to your account)

Weekly Deduction Amount: \$ _____

Annual Contribution Goal: \$ _____

I authorize Sargent to deduct the amount above 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 pay cycle of the following month.

Employee Signature: _____

Date: _____

**PLEASE FAX COMPLETED FORM TO BENEFITS: 207-817-7596, OR
SEND BY MAIL TO: SARGENT BENEFITS, PO BOX 435, STILLWATER, ME 04489.**