



To: All Employees Eligible for Health Care Benefits

From: Treasurer's Office- Payroll Department

Section 1: Summary of Benefits

Please read the attached Summary of Benefits and HSA Contribution Limits information and sign at the bottom of this page acknowledging this statement:

I have received and read the annual Summary of Benefits and HSA Contribution Limits for the insurance coverage at East Holmes Local School District.

Section 2: Spousal Opt-Out Form

Please complete the spousal information requested:

_____ Spouse's Name

My spouse is: _____ A. An East Holmes Employee (**STOP here: continue to Section 3- HSA**) or
 _____ B. Employed by _____ (**PROCEED to step 1**)
 1. Eligible for their employer's insurance? _____ YES
 _____ NO*

***Documentation from the employer must be provided, if no insurance coverage is available**

Section 3: HSA Payroll Deduction for 2022 - complete if you have health insurance through East Holmes Local Schools

For 2022, deductible thresholds are **\$1,750** for a single plan and **\$3,650** for a family plan (includes family, employee/dependent, employee/spouse plans).

	<u>Deductible Plan</u>		<u>IRS Maximum Contribution</u>	
	<u>Single</u>	<u>Family</u>	<u>Single</u>	<u>Family</u>
Deductible:	\$1,750	\$3,500	\$3,650	\$7,300
Divided Equally/24 Pays	\$72.92	\$145.83	\$152.08	\$304.28

Coverage Type: _____ Single _____ Family

_____ Do not make any changes to my current HSA contribution

Withhold the following amount from my semi-monthly paycheck \$ _____

I am 55 years of age-Withhold this additional amount for catch-up provision each pay period \$ _____
 (\$1,000 maximum = \$41.67 per pay for 24 pays)

Employee Signature: _____ Date: _____

Employee Name (Please Print): _____