



## 2023 HSA DIRECT DEPOSIT AUTHORIZATION

Use this form to withhold money from your paycheck and 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 HSA. Refer to IRS guidelines for other rules that apply.** Please return form to [hr@map401k.com](mailto:hr@map401k.com)

### 1) Complete your employee information (please print)

Employee Name: (Last, First, Middle initial)	Social Security Number:

### 2) I elect to: (check the box that applies)

☐ **Begin my deduction**    ☐ **Stop my deduction**    ☐ **Change my deduction**

#### 2023 Annual IRS Contribution Limits:

\$3,850 = Individual

\$7,750 = Family (employee plus 1 or more)

\$1,000 = Individual age 55+ catch-up

#### Enter the amount you wish to deposit to your HSA Account:

\$ \_\_\_\_\_ per pay period

**Total Annual Employee Election: \$** \_\_\_\_\_

annual = \$ per pay period x # of pay periods (26 payrolls are in a standard year)

**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. Refer to your tax advisor or Publication 969 of the Internal Revenue Code for more information regarding HSA rules.

### 3) HSA ACCOUNT – Financial Institution

Checking Account ☐

Savings Account ☐

**Financial Institution:** \_\_\_\_\_  
**City, State:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**9 Digit Routing Number:** \_\_\_\_\_  
**Account Number:** \_\_\_\_\_

Requests to stop HSA Direct Deposit or change the amount will be effective as soon as administratively feasible after it is received by the Administrator.

### 4) Authorization (Employee signature required) – Return completed & signed form to your payroll contact

By my signature below, I certify that I have enrolled, or plan to enroll, in a HSA-qualified High Deductible Health Plan (HDHP) and am not covered under any other plan that would disqualify me from opening or contributing to my Health Savings Account. I authorize MAP Retirement, as payroll agent, to deduct and if applicable, deposit (credit) to my HSA Account the requested amount per pay period as stated in step 2 above. I understand there are maximum limits I can contribute to my HSA plan per IRS rules and I may be liable for tax penalties if I exceed the amount. This authority is to remain in full force and effect until I either revoke or make a new election by submitting a new HSA Direct Deposit Authorization, or upon ceasing of payroll deductions due to an involuntary change in employment status.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_