

**PULASKI COUNTY HSA PLAN  
SALARY ADJUSTMENT AFFIDAVIT  
JANUARY 1, 2022 TO DECEMBER 31, 2022**

I, \_\_\_\_\_, SSN: \_\_\_\_\_  
(Please Print)

\_\_\_\_\_  
Mailing Address (including city, state, and zip code)

Email Address \_\_\_\_\_

Work Phone # \_\_\_\_\_ Home Phone # \_\_\_\_\_

an employee of the employer noted above, do hereby elect to participate in my employer's Health Savings Plan, I hereby authorize my employer to reduce my gross compensation each **SEMI-MONTHLY** pay period by an amount equal to the total of these expenditures.

**2022 HSA Contribution Limits:**

Individual - \$3,650

Family - \$7,300

Ages 55 or older catch up provision:

Extra \$1,000 per year

**Contributions January 2022 by Pulaski Co**

Individual - \$1,260

Family - \$2,508

	Per Pay Period	Annual Election
HEALTH SAVINGS ACCOUNT CONTRIBUTION	\$ _____	\$ _____

I hereby certify that I have examined this Salary Adjustment Enrollment Form and to the best of my knowledge and belief, it is true, correct and complete.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**Please be sure to notify Health Savings Administrators if you have a change of address or a name change. HR can provide these forms.**