

Human Resources
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**Pulaski County Is...
Valued Employees**

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

NAME (Please Print)

PHONE

E-MAIL ADDRESS

MAILING ADDRESS (including city, state, and zip code)

2022 HSA Contribution Limits:

Individual - \$3,650

Family - \$7,200

Ages 55 or older catch up provision:

Extra \$1,000 per year

Contributions January 2022 by Pulaski Co

Individual - \$1,260

Family - \$2,508

As an employee of Pulaski County, I hereby elect to participate in my employer's Health Savings Plan. I authorize my employer to reduce my gross compensation each **SEMI-MONTHLY** pay period by the amount listed below.

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

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

DATE

EMPLOYEE SIGNATURE

Please be sure to notify Health Savings Administrators if you have a change of address