

2024 HEALTH SAVINGS ACCOUNT (HSA)
PAYROLL DEDUCTION
CONTRIBUTION CHANGE AUTHORIZATION FORM

I authorize my employer to change my HSA contribution level per pay period. **I understand that it is my responsibility to not request more withholdings per calendar year than is allowable by law. I also understand that if I exceed my allowable annual contribution, I may be subject to IRS tax penalty.**

In 2023, the maximum HSA contribution for employee only is \$4,150 and \$8,300 for family. Employees over the age of 55 and not enrolled in Medicare are eligible to make “catch up” contributions in their HSA account of \$1,000. These contribution limits apply to employee AND employer contributions including any incentive payments relating to wellness services received at the Everside Health and Wellness Center.

HSA contribution changes may be made 1 time monthly. Please submit HSA changes to Julie Gruver, Insurance Secretary.

\$ _____

Per Pay Period Dollar Amount Requested

Requested Date for Deduction to Begin

Print Name

Signature of employee

Date

Last 4 Digits of Social Security Number