

HSA Plans: Employee Enrollment and Salary Reduction Agreement

A Employee Information

Employee Printed Name

Social Security Number

Address

City

State

Postal Code

()

Daytime Phone

Email

B Action (check one):

New election

Change election

Stop Election

Effective Date: _____

HSA Contribution Limits

2024 Maximum HSA Contributions (employer and employee)

Coverage Type Total Max Contribution*

Employee Only \$4,150.00

Family \$8,300.00

*Catch-up contribution (age 55+): additional \$1,000.00/year

• \$ _____ Per pay period beginning the _____, pay period.

• \$ _____ As a one-time contribution to be taken on the first available pay period following the date of _____.

• I elect to make a Catch-up contribution (age 55+; max \$1,000.00) for the tax-year 2024 in the amount of \$ _____.

Plan eligibility and employer contribution limits to your Health Savings Account (HSA) are determined by the effective date of your High Deductible Health Plan (HDHP).

D Acknowledgment, Acceptance, and Signature

As the employee, I understand that:

- This agreement will continue until amended or terminated by the employee.
- This agreement can be amended at any time.
- I understand I have a duty to review my pay records (pay stub) to confirm the Employer properly has implemented my salary reduction election, and to inform my employer if I discover any discrepancy between my pay records and this Salary Reduction Agreement.
- I am solely responsible for ensuring that my contributions to this account do not exceed the limits specified by the IRS, and that the disbursement of funds contributed to the account is done in accordance with IRS regulations.

Employee's Signature (required)

Date