

## Health Savings Account Contribution Form

### Account Owner's Name

Last Name

First Name

XXX-XX-

SSN

Phone

### Contributions

I wish to contribute \$\_\_\_\_\_ to my account each pay period on a **pre-tax** basis.

Effective: \_\_\_\_\_

#### **Maximum IRS HSA contributions for 2024 (employer + employee)**

Please check one:

Age \_\_\_\_\_ Under 55 in 2024

Max / single = \$4150.00

Max / family = \$8300.00

\_\_\_\_\_ 55 and over in 2024

Max / single = \$5150.00

Max / family = \$9300.00

I understand this amount will be deducted from my paycheck until I indicate otherwise.

### Signature

It is my responsibility to determine whether I am eligible to make contributions to my HSA, and to determine whether contributions to this HSA have exceeded the applicable maximum annual contribution limit.

Account Owner

Date