

Health Savings Account Contribution Form

Section I. Employee Information

Employer Name:		# Pay Periods:		Division:	
Employee Name:		<input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security #:		
Street:		City:		State:	Zip:
Birth Date:		HDHP Effective Date:		<input type="checkbox"/> Single Coverage <input type="checkbox"/> Family Coverage	
Email Address:			Phone Number:		

Section II. Group Insurance Premium and/or HSA Contribution

Your Group Insurance plan premiums and/or Health Savings Account contributions are withheld pre-tax automatically. Your election to pay your Group Insurance premium and/or Health Savings Account contribution automatically continues each year unless revoked. You may revoke your premium election at the beginning of a plan year or during the year should you have a qualifying "life event" that permits a mid-year change.

Section III. HSA Contribution

Only employees covered by a High Deductible Health Plan (HDHP) may contribute to a Health Savings Account (HSA). Employees who are covered by "other first dollar coverage" may not contribute: a health plan that has first dollar co-pays, TRICARE, Medicare, Medicaid, general purpose FSA or HRA, or if the individual has received VA benefits or Indian Health Services in the last three months.

Effective January 1, 2016 employees receiving VA benefits may contribute to an HSA if their VA benefits are the result of a service connected disability.

2024 Calendar Year Maximum Contributions: Single \$4,150 Family \$8,300
If 55 and older, additional annual catch-up contribution is \$1,000.

\$ _____
per pay

Last Month Rule

Individuals who become covered under an HSA-eligible plan in a month other than January may make the maximum HSA contribution for the year based on their coverage (single vs. family) in the last month of the year.

Change in HDHP coverage type (single vs. family)

If an individual changes coverage type mid-calendar year, he may contribute up to the greater of (a) maximum amount that may be contributed for the taxable year, based upon his actual HDHP coverage (i.e. single vs. family) for each month of the year or (b) the full HSA contribution limit for the taxable year based on the type of HDHP coverage that he had on December 1 of that year.

13-month Testing Period

If the individual makes HSA contributions under the last-month rule, and the individual does not remain HSA-eligible (for reasons other than death or disability) during the 13-month "testing period" (beginning with the December of the year for which those contributions were made and ending on the last day of the 12th month following that December), the amount which could not have been contributed except for this provision will be included in income and subject to a 10% additional tax. This 10% penalty cannot be avoided by withdrawing such amounts from the HSA, even if the withdrawal were made by April 15.

HSA-ineligible mid-calendar year

If an individual becomes covered by other first dollar coverage and/or terminates HSA-eligible coverage during a calendar year, the maximum contribution is prorated based on the number of full months they are eligible in that calendar year.

☐
I do not wish to contribute to a Health Savings Account.

Section IV. Authorization

- These are my pre-tax elections. I have read and understand the description of the Plan.
- I understand that if I own an HSA, I am responsible for knowing and abiding by all of the rules and regulations.
- I certify I am eligible to contribute to a health savings account.
- I understand my insurance premium election may only be changed during the Plan Year for certain "life events" such as marriage, divorce, death of a spouse or child, birth or adoption of a child, change in employment status, or termination of employment. Changes must be made within 30 days of the event.
- Health savings account changes in election may be made at any time.
- Participation in this program may reduce my future Social Security benefits.
- I authorize my employer to make automatic payroll deductions of the amounts shown above from my earnings each pay period as well as authorize FlexBank|Navia to debit/credit my health savings account as necessary for HSA depositing.

Date _____ Employee Signature _____

Section V. To Be Completed By Employer

Date of 1st Payroll Deduction: _____