



Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Effective Date must be on or after the first day of your HDHP coverage or the first day of opening your HSA, whichever is later. Leaving the date blank will authorize your employer to determine the date on your behalf.

Employee Number: \_\_\_\_\_

**Health Savings Account (HSA) Contribution Options & Salary Reduction Arrangement**

Employee Name: \_\_\_\_\_ SSN: xxx / xx / \_\_\_\_\_

Employee Address: \_\_\_\_\_

(City)

(State)

(Zip Code)

By my signature below, I certify that I have enrolled, or plan to enroll, in an HSA-compatible health plan and that I am not covered under any other plan that would disqualify me from opening or contributing to my HSA. I understand that this form is provided for convenience purposes and that HSA Bank will not initiate contributions to my HSA, but will allow my employer or their authorized agent to initiate contributions to my account.

**OPTION ONE (Pre-tax)**

I elect to contribute to my HSA with a pre-tax salary reduction through my employer's Section 125 Cafeteria Plan, and authorize my employer to deduct the amounts as indicated from my salary and forward the funds to HSA Bank to be deposited in my HSA.

*<Minimum deduction \$10.00 per pay period/24 pay periods annually>*

**Deduction Option:**

- \$ 10.00 per pay period
- \$ 25.00 per pay period
- \$ 50.00 per pay period
- \$ 75.00 per pay period
- \$ 100.00 per pay period
- \$ \_\_\_\_\_ other amount

**Annual Maximum Contribution limits for 2025: Single \$4,300; Family \$8,550.**

- \$ 179.17 per pay period (Maximum Single Contribution)
- \$ 356.25 per pay period (Maximum Family Contribution)

**Annual Maximum Contribution catch up limits for 2025: Single \$5,300; Family \$9,550. (Must be over age 55)**

- \$ 220.83 per pay period (Maximum Single Contribution with allowed catch up)
- \$ 397.92 per pay period (Maximum Family Contribution with allowed catch up)

Note: Your total annual 2025 employee election along with contributions from any other sources, including your employer, may not exceed the Annual Maximum Contribution amount set by the IRS.

**OPTION TWO (After-tax)**

I do not want to contribute to my HSA through a pre-tax salary reduction. I understand that I can make after-tax contributions to my HSA online through Internet Banking (<http://hsabank.com>) or by mailing a check with a contribution form.

**OPTION THREE (Cancel)**

I want to cancel my HSA.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please return form to Human Resources