

HEALTH SAVINGS ACCOUNT "HSA" PAYROLL CONTRIBUTION FORM

2025 YEARLY MAX CONTRIBUTION IS:

"16 pay periods/19 pay periods/24 pay periods"

SINGLE: \$268.75/\$226.32/\$179.17 per pay period for annual max \$4300.00

SINGLE OVER AGE 55: \$331.25/\$278.95/\$220.84 per pay period for annual max \$5300.00

FAMILY: \$534.38/\$450.00/\$356.25 per pay period for annual max \$8550.00

FAMILY OVER AGE 55: \$596.88/\$502.63/\$397.92 per pay period for annual max \$9550.00

I AM ENROLLED IN THE HIGH DEDUCTIBLE HEALTH PLAN (HDHP) AND WISH TO CHANGE MY PAYROLL DEDUCTION FOR THE HEALTH SAVINGS ACCOUNT (HSA)

"Circle applicable pay periods selected"

FROM: \$ _____ PER PAY PERIOD: 16 / 19 / 24 X PER YEAR WITHHELD

"Circle applicable pay periods selected"

TO: \$ _____ PER PAY PERIOD: 16 / 19 / 24 X PER YEAR WITHHELD

OR

I WISH TO DO A ONE TIME ONLY PAYROLL DEDUCTION OF:

\$ _____ ON THE (DATE) _____ CHECK.

PLEASE PROCESS THIS CHANGE FOR ME... Thank You 😊

PRINTED NAME _____ DATE _____