

# Health Savings Account (HSA) Enrollment/Change Form 2024



Use this form to request a change to your Health Savings Account (HSA) contribution. The complete form must be submitted to Human Resources.

Section 1: Employee Information			
Full Name:		SSN: XXX - XX - _____	
Section 2: Action Request			
<p><b>Start</b> my HSA payroll contributions (Complete Sections 3A, 3B, 4 and 5)</p> <p><b>Stop</b> my HSA payroll contributions (Complete Sections 4 and 5)</p> <p><b>Change</b> my HSA payroll contribution amount (Complete Sections 3A, 3B, 4 and 5)</p>			
Section 3A: HSA Payroll Deduction			
IRS Contribution Limits for 2024 Calendar Year:	Individual HSA*	Family HSA*	Over 55 Catch-Up
	\$4,150	\$8,300	\$1,000
<p>I elect to contribute \$_____ per pay period to my HSA account. <i>This request replaces any previous payroll deductions for my HSA, if applicable.</i></p>			
Section 3B: Bonus Contribution			
<p>I elect to contribute an additional _____% upon receiving a quarterly bonus.</p>			
Section 4: Effective Date**			
<p>Beginning with my Bi-weekly pay on: ____/____/____      <i>** Will occur as early as the next pay period available for processing.</i></p>			
Section 5: Acknowledgement + Signature			
<ul style="list-style-type: none"> <li>I authorize my employer, Aurora Technical Services, LLC, to reduce my pay before taxes on a per-pay basis as indicated above.</li> <li>It is my responsibility:                             <ul style="list-style-type: none"> <li>- To determine whether I am eligible to make contributions to my HSA; and</li> <li>- To determine whether contributions to this HSA have exceeded the applicable maximum annual contribution limit.</li> </ul>                             I acknowledge that I may be liable for tax penalties if I exceed this amount.                         </li> <li>I understand that my election will remain in effect through the end of the benefit year (Dec 31) or until a contribution change form is submitted to Human Resources.</li> <li>I understand that my changes must be <u>prospective</u> in accordance with Internal Revenue Code (IRC) rules.</li> <li>I understand that I must re-elect the HSA annually during the open enrollment period.</li> <li>I understand that should I no longer be employed by Aurora Technical Services, that I will be charge a monthly administrative fee to maintain my HSA; alternatively, I can choose to transfer my HSA to another custodian.</li> <li>I understand that during the first year I am HSA-eligible, I may make a full year's contribution into the HSA, even if I become eligible mid-year. If I make a contribution for the full year when I only had partial year HSA eligibility, I must remain HSA-eligible through the next full calendar year to avoid tax and penalty.</li> <li>(For HSA account holders age 55+) I understand that if I did not have HDHP coverage for the full year, my catch-up contribution limit will be prorated for the number of full months I was "eligible" (the months that I had HDHP coverage and no other coverage).</li> </ul>			
_____ Signature		_____ Date	

\* These are maximum annual contribution limits and assume you will be an eligible individual for the entire calendar year. If you become eligible to participate in the HSA or enroll in the HSA after January 1, the maximum annual contribution limit must be reduced by the number of months you are not a participant. There is a limited exception to this requirement if you become a participant by December 1 of the calendar year. Additional information may be found in the Internal Revenue Service Publication 969.