



Health Savings Account Contribution Change Form 2024

Please complete form and return to the Human Resources Dept.

Phone (413) 559-5495 Fax: (413) 559-5695

This form should be used to make changes to your Health Savings Account ("HSA") contribution. You can increase, decrease, or stop your per-pay-period contribution, provided you are enrolled in a high deductible health plan ("HDHP") and you do not exceed limits set by the IRS.

The maximum contributions in 2024 are: \$4,150 for an individual; \$8,300 for a family. Individuals age 55 and over may make and additional \$1,000 catch-up contribution to their HSA in 2024.

It is the employee's responsibility not to exceed the IRS maximum contribution limit(s).

Contribution changes are effective on the next available payroll following the Human Resource Department's receipt of a properly completed and signed Health Savings Account Contribution Change Form.

Name: _____ Date: _____

Current Contribution per pay period: \$ _____

New Contribution per pay period: \$ _____

One-time Contribution: \$ _____

(After one-time contribution is made, the HSA contribution will revert back to the current contribution unless otherwise noted.)

By signing below, I am requesting that the above changes be made to my employee contribution that is deposited into my Health Savings Account. I also understand that it is my responsibility to monitor my Health Savings Account and not to exceed the IRS maximum contribution limits.

Signature

Date

Office Use Only

Received by: _____

Date Received: _____

Effective Date: _____