



OFFICE USE ONLY

Region V ☐Further ☐**HEALTH SAVINGS ACCOUNT
CONTRIBUTION FORM****Personal Information**

First Name (Legal): _____

Last Name (Legal): _____

Middle Initial: _____

Social Security Number: _____

Date of Birth: _____

Phone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Contributions

How much would you like to contribute to your HSA each pay check?

\$ **2024 IRS HSA Limits**

Contribution Limit	
Single	\$4,150
Family	\$8,300

2025 IRS HSA Limits (Projected)

Contribution Limit	
Single	\$3,300
Family	\$8,550

If you are age 55 or older, you can contribute an additional catch-up contribution of \$1,000 per year.

I understand that it is my responsibility (1) to determine whether I am eligible to make contributions to my HSA, and (2) to determine whether contributions to this HSA have exceeded the applicable maximum annual contribution limit.

Signature: _____ Date: _____