



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?

\$

#### 2023 IRS HSA Limits

Contribution Limit	
Single	\$3,850
Family	\$7,750

#### 2024 IRS HSA Limits

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

*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: \_\_\_\_\_