## **Health Savings Account (HSA) Payroll Deduction Form**

Employees who wish to have monies withheld from their pay and deposited into a Health Savings Account (HSA) on a pre-tax basis must complete this form and be enrolled in the high-deductible plan with HSA before starting the payroll deduction.

		EMP	PLOYEE INFORMAT	TION			
		LIVII	LOTEL IN ORMA				
Full Name							
	Last	First	MI	SSN			DOB
Address:							
Home	Street Address	Cell	City, State, Zip	1			
Phone:		Phone:		E-m	nail:		
Check one:							
New Payroll Deduction Replace Existing Deduction Cancel Payroll Deduc						Payroll Deduction	
				· · · · · ·			
			CONTRIBUTION LI				
	Calendar Year Tie		IRS Annual Limit		•		ets maximum
2023	Individual Cov		\$3,850		contribution limits for Health Savings Accounts (HSAs). Failure to observe these		_
	Family Covera		\$7,750		limits may result in tax penalties.		
2024	Individual Cov		\$4,150 \$8,300				
	Family Covera	Family Coverage					
**Maximum C	atch-Up Contribut	ions: Employe	ees age 55 or older ma	ay contr	ibute a	n additional	annual catch-up
contribution o	f \$1,000.						
contribution o	f \$1,000.		DEDUCTION INFO		ON		
	f \$1,000. age Type		DEDUCTION INFO Monthly Contribu			ctive Pay P	eriod Beginning
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Phone: (540) 745-9400 ~ Fax: (540) 745-9496