



**Health Savings Account (HSA) Employee Contribution Change
Plan Year January 2024 through December 2024**

Employee Name: _____ Employee ID Number: _____

Health Savings Account Change of Election:

Salary Employee:

Effective with the pay date of _____, I wish to change my HSA monthly direct deposit deduction amount to \$ _____.

Hourly Employee:

Effective with the pay date of _____, I wish to change my HSA twice-a-month direct deposit deduction amount to \$ _____ x 2 pays per month = \$ _____ per month.

2024 Contribution Limits per IRS

Single Coverage: \$4,150 Family Coverage: \$8,300 Age 55+ Catch-up: \$1,000

The direct deposit deduction amount may be from zero up to the 2024 maximum contribution limit less the Spring Arbor University contribution, if applicable. A new form must be completed whenever a change of deduction amount is made. Employee contribution changes may be made on a monthly basis.

For the plan year 2024 I am enrolled in a SAU (circle one):

Single Plan Employee+Spouse Plan Employee+Child(ren) Family Plan

I certify that: I am not enrolled in Medicare; I am not covered by another health plan (other than a qualifying HDHP); and I may not be claimed as a dependent on another person's tax return. I authorize the HSA monthly payroll deduction amount to be deposited into my HSA with County National Bank and in addition, I authorize Spring Arbor University to contribute monthly into the same HSA. The above change will remain in effect until a new change form is submitted and/or until the end of the current plan year.

(Employee Signature)

(Date)

Return form to the Human Resources Office @ station 25 or by email @ springarbor.hr@arbor.edu