

HSA Employee Contribution Change Request Form

Employee ID

Employee Information

Employee *Printed* Name: _____

Contract Group: _____

Will you be age 55 on or before 12/31/2024? Yes No

I choose to **CHANGE** my employee HSA election to \$_____ per pay period.

I hereby elect to **stop** all future **employee** HSA deductions.

Effective Date: _____

****Please note that annual election limits exist. All election changes must be requested in a per pay period amount. The limits for 2024 are shown below. Please call Human Resources at 763-391-7007 if you have any additional questions.***

Election changes will be effective within two pay periods from the submission of this form.

Employee Signature

Date

2024 Limits

	Up to age 55	Age 55+
Single	\$4,150	\$5,150
Family	\$8,300	\$9,300

Contribution limits are a combination of employer and employee funds. Limits are set by the IRS, not the district.

For HR Use Only

EFP:

FUR: N/A

HRS:

Audit:

Deductions: Full Year

August

September

October

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