

Health Saving Account (HSA) Contribution Form

Year: 2024

Employee Name: _____ **Employee ID:** _____

Employee Address: _____

HSA Banking Information: (please print clearly)

<input type="radio"/> New HSA Effective Date: _____	HSA Contribution Amount: \$ _____ Employee Monthly Contribution (Payroll Deduction) + \$ <u>199.85</u> SJSD Monthly Contribution (^currently) = \$ _____ Total Monthly Contribution (Employee + District)
<input type="radio"/> Existing HSA	
<input type="radio"/> Change Individual Contribution Amount Effective Date: _____	
<input type="radio"/> UMB -Health Savings Account # _____	
<input type="radio"/> Nodaway Valley Bank -Health Savings Account # _____	

2024 Contribution Limits

Your annual 2024 HSA contribution cannot exceed the statutory IRS contribution maximums. (Annual: January 1st – December 31st)

- \$4,150.00 -Individual
- \$8,300.00 -Family
- If you and/or your spouse are age 55 or older by the end of the tax year, you can make additional “catch-up” contributions of up to \$1,000.

IRS HSA information: <http://www.irs.gov/publications/p969>

Department of Treasury website: <https://www.treasury.gov/resource-center/faqs/Taxes/Pages/Health-Savings-Accounts.aspx>

****Important:** Even though our benefit year runs July 1 – June 30, **your total contribution limits run from January 1st through December 31st.**

It is ultimately your responsibility to ensure your total contribution amount does not exceed the yearly maximum amount.

^The District Monthly Contribution is currently \$199.85

Examples Only: January-December Contributions

Monthly Contribution Employee + District	Total Monthly Contribution	Annual Contribution
\$00.00 + \$199.85	\$199.85	\$2,398.20
\$16.00 + \$199.85	\$215.85	\$2,590.20
\$37.00 + \$199.85	\$236.85	\$2,842.20
\$70.00 + \$199.85	\$269.85	\$3,238.20
\$88.00 + \$199.85	\$287.85	\$3,454.20
\$104.00 + \$199.85	\$303.85	\$3,646.20
\$145.98 + \$199.85	\$345.83	\$4,149.96
Individual Max →		\$4,150.00
\$00.00 + \$199.85	\$199.85	\$2398.20
\$112.00 + \$199.85	\$311.85	\$3,742.20
\$179.00 + \$199.85	\$378.85	\$4,546.20
\$245.00 + \$199.85	\$444.85	\$5,338.20
\$312.00 + \$199.85	\$511.85	\$6,142.20
\$379.00 + \$199.85	\$578.85	\$6,946.20
\$491.81 + \$199.85	\$691.66	\$8,299.92
Family Max →		\$8,300.00

My signature authorizes my employer to deduct the elected employee amount from my paycheck each pay date. I hereby consent that all personal information, account information and contribution amounts listed are accurate.

Signature: *(must be physically signed)* _____ Date: _____

Please return your completed form to St Joseph School District, Office of Human Resources/Benefits.

DISCLAIMER: HSAs are personal health savings vehicles rather than group employee benefits. Although your employer has agreed to forward contributions through its payroll system to a bank, it has not specifically endorsed this bank or any other HSA provider. You are not restricted from moving funds to another HSA provider. You are not restricted from moving funds to another HSA, but your employer is not required to forward payroll contributions to another HSA provider. With respect to HSAs, employers may not impose conditions on the use of HSA funds, make or influence any investment decisions with respect to funds contributed to an HSA, or receive any payment or compensation in connection with an HSA.

Office Use Only:
 Date Form Received:
 Via:
 Efin Date:
 Banking Date: