



Health Savings Account **Open Enrollment** Contribution Change Form

Employee Information

Name	Social Security Number
Street Address	
City, State, Zip	Email Address
Phone Number	Date of Birth

Contributions

I wish to contribute \$ _____ bi-weekly to my HSA each pay period on a pre-tax basis. I understand this amount will be deducted from my pay check until I indicate otherwise.

Signature

Important – please review

- I understand that changes to my HSA contribution will be updated as soon as it is administratively feasible. Forms received after Monday of a payroll week will be entered for the following pay period.
- I understand that I am eligible to contribute to the HSA because I am enrolled in a qualified high deductible health plan.
- I am NOT covered by any other plan that is NOT a high deductible health plan (this includes a VEBA, an HCSP, and a medical flexible spending account and its grace period).
- I am NOT entitled to benefits under Medicare.
- I CANNOT be claimed as a dependent on another person's tax return.
- I understand that I use my HSA for qualified tax dependents only.
- I understand my HSA total contributions (my contributions plus St. Luke's contributions) cannot exceed the IRS maximums and it is my responsibility to ensure that my HSA contributions have not exceeded the IRS maximums.

Employee Advantage Plan Enrollment	2023 St. Luke's Contribution to the HSA (deposited bi-weekly)	2023 Maximum Annual Employee Contribution to the HSA	2023 Total HSA IRS Maximum Contribution Limits
Single Coverage	\$19.23 bi-weekly (up to \$500 a year)	\$3,350	\$3,850
Single+Spouse or Single+Child(ren) Coverage	\$38.46 bi-weekly (up to \$1,000 a year)	\$6,750	\$7,750
Family Coverage	\$57.69 bi-weekly (up to \$1,500 a year)	\$6,250	\$7,750

Those ages 55 or older may contribute an additional \$1,000 beyond the limit as a catch-up contribution

Employee Signature _____ Date _____

Employer Section

Entered into Kronos _____
Effective 1/1/2023