

Health Savings Account Contribution Form

Account Owner's Name

Last Name

First Name

XXX-XX-

SSN

Phone

Contributions

I wish to contribute \$_____ to my account each pay period on a **pre-tax** basis.

Effective: _____

Maximum IRS HSA contributions for 2023 (employer + employee)

Please check one:

Age _____ Under 55 in 2023

Max / single = \$3850.00

Max / family = \$7750.00

_____ 55 and over in 2023

Max / single = \$4850.00

Max / family = \$8750.00

I understand this amount will be deducted from my paycheck until I indicate otherwise.

Signature

It is my responsibility to determine whether I am eligible to make contributions to my HSA, and to determine whether contributions to this HSA have exceeded the applicable maximum annual contribution limit.

Account Owner

Date