



Employee HSA Contribution Form

1. NAME (Please print):

Last: _____ First: _____

2. SOCIAL SECURITY NUMBER: _____

3. HOW MUCH WOULD YOU LIKE TO CONTRIBUTE TO YOUR HSA PER MONTH: \$ _____

Please note: Contributions will be taken out each paycheck, how many pay periods you have will determine \$ amount taken out of each paycheck.

EMPLOYEE SIGNATURE: _____

DATE: _____

HSA Maximum Contributions

The IRS maximum that can be contributed per year into your HSA is **\$3,650** if you have **single** coverage or **\$7,300** if you have **family** coverage.
If you are over the age of **55** you can contribute an additional **\$1,000** per year.
These amounts include employer contributions.