

## **Health Savings Account Contribution Form 2025**

Street Address	Account Ow	ner's Name & Addres	ss Submit Forms To
Employee Benefits MC 264  Social Security Number  Daytime Phone  Account Coverage Single   Employee + Dependents  Employee HSA Contributions  I authorize to deduct from my paycheck the following amount for contributions to my Health Savings Account to begin on This authorization will continue in effect until a timely termination is submitted by me.  Please deduct the following amount per payroll period Single Maximum: \$4,300.00* Family Maximum: \$4,300.00 * Family Maximum: \$3,550.00 *  Please deduct the following amount in lump sums. Single Maximum: \$4,300.00 * Family Maximum: \$3,550.00 *  *fyou are 55 or older you are allowed to add an additional \$1,000.00 as a catch up contribution to your HSA.	Last Name	First Name MI	
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