Health Savings Account Contribution Form

Name _____ Empl ID _____

Campus Email _____ Campus Phone _____

Health Savings Account Participation (only available to employees enrolled in the High Deductible Health Plan)

… I elect to establish/continue a Health Savings Account (HSA).
Complete Salary Reduction section and sign the HSA Agreement.

… I elect NOT to continue a Health Savings Account.
Sign the HSA Waiver below.

Salary Reduction

2024 annual HSA contributions	
Coverage type	IRS Maximum Annual Contribution Limits
Self-only	$4,150
Family	$8,300
Catch-up Contribution if age 55+	$1,000

Total Annual Amount	/ (DIVIDED)	Enter number of pay periods to distribute annual amount over	=	Per-pay period withholding*

Begin date _____

*The per-pay period withhold amount will supersede previous contribution amounts. A new form or a November Open Enrollment election is required to instate a new contribution amount.

HSA Agreement

I authorize Case Western Reserve University to reduce my basic salary, effective as indicated by the date listed above. Such salary reduction amount will be applied by CWRU to a Health Savings Account set up in conjunction with a qualified high deductible health plan. I acknowledge that this Agreement is subject to the conditions listed below. I acknowledge that this Agreement remains in effect unless terminated by me upon 30 days' written notice, my CWRU employment terminates, or my HSA bank account is inactivated.

Employee Signature _____ Date _____

I acknowledge that:

x I understand it is my responsibility to manage my contributions in accordance with federal guidelines based on my eligibility as well as my dependents.

x I understand using HSA funds for expenses other than those deemed qualified may be subject to tax and penalties.

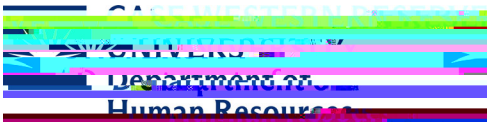
HSA Waiver

I elect to stop my contributions to the Health Savings Account (HSA)

End date _____ Employee Signature _____ Date _____

Benefits Administration Use Only

Effective Date _____ Received by _____ Date _____



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