

2024 HSA Employee Contribution/Change Form

HSA contribution limits are based on the calendar year from January 1 – December 31.

HSA contribution limits include both employer and optional employee amounts combined.

NAME: _____

BANNER ID: _____

PHONE: _____

EMAIL: _____

I certify that I am HSA eligible with a PEHP STAR plan or Consumer Plus high deductible medical plan

Select 2023 total contribution limits:

Single (\$4,150) Couple (\$8,300) Family (\$8,300)

Additional \$1,000 (age 55 years+ in 2023)

Select optional employee contribution amount:

PLAN YEAR CONTRIBUTION: Deduct \$ _____ from each paycheck from 7/1/____ through 6/30/____

ONE-TIME CONTRIBUTION: Deduct \$ _____ from one paycheck on _____ (Mo) _____ (Yr)

OTHER CONTRIBUTION: Deduct \$ _____ from paycheck on _____ (Mo) _____ (Yr) _____ through (Mo) _____ (Yr)

PLEASE NOTE:

*Snow College health insurance benefits plan year goes from July 1 – June 30.

Employer Paid HSA Contributions Effective 7/1/2023)	
STAR Plan Single	\$ 77.07
STAR Plan Double	\$ 154.70
STAR Plan Family	\$ 162.05

Optional HSA Contribution Worksheet		
See paystubs on BadgerWeb employee tab for amounts already contributed.		
	Employee	Employer
January	\$	\$
February	\$	\$
March	\$	\$
April	\$	\$
May	\$	\$
June	\$	\$
July	\$	\$
August	\$	\$
September	\$	\$
October	\$	\$
November	\$	\$
December	\$	\$
Subtotals	\$	\$
Grand Total	\$	
HSA Goal		
Less Above Amount	-	\$
Amount to Fund		\$
Number of Months	÷	
Add'l Mo Contribution =		

I hereby authorize the Snow College Payroll Office to automatically deduct as a pre-tax deduction the amount indicated above from my monthly paycheck(s). All deductions will commence with the first payroll after the start of the new fiscal year on July 1st unless otherwise specified. Contributions are posted to HSA on the 7th-10th of month following payroll.

Signature _____ **Date** _____

Please return completed form to the HR Department for new employees and during open enrollment period.