



HEALTH SAVINGS ACCOUNT (HSA) CONTRIBUTION CHANGE REQUEST FORM

*PLEASE RETURN COMPLETED FORM TO HUMAN RESOURCES, BENEFITS benefits@butler.edu

EMPLOYEE INFORMATION

Form fields for Employee Information: Last Name, First Name, MI, Employee ID, Department, Hire Date, Street Address, City, State, Zip, Phone, Email Address

HSA CONTRIBUTION CHANGE REQUEST

I hereby authorize my employer to change my payroll deduction amount for my Health Savings Account as noted below:

- Three checkbox options for HSA contribution changes: change amount, start/re-start contributions, and stop contributing.

Note: For 2024, the maximum yearly contribution for individuals may not exceed \$4,150

For 2024, the maximum yearly contribution for family may not exceed \$8,300

Eligible participants aged 55 or older may also contribute up to \$1,000 as a catchup contribution each year.

Employer contributions must be included when determining the maximum amount to contribute to your HSA account.

If you need assistance to determine your contribution maximum, please contact your Benefits Team at benefits@butler.edu.

Employee Signature and Date fields

Table with 3 columns: Date Received, Date Entered, Initials. Header: HR use only