

2023 Health Savings Account Election



New Enrollment Change Existing

Employee Name: _____

Employee ID: _____

Per pay deduction: \$ _____

I request the above amount be deducted from my pay on a per pay basis up to the H.S.A. IRS limits. The limits for 2023 are \$3,850.00 for employee only coverage and \$7,750.00 for family coverage. Limits include any contributions made by NAFCS to your account. You are eligible to add \$1,000 catch up if you are 55 years or older.

**If you are 65 or older you are not eligible to contribute or have contributions to an H.SA if you are enrolled in Medicare.*

Employee Signature: _____

Date: _____