



2024 Health Savings Account Deduction Change Form

Employee Name: _____ Date of Birth: _____

Per Pay Deduction: \$ _____ EE #: _____

Please select your HSA vendor:

- ☐ UMB
- ☐ Everwise
- ☐ First Financial Bank (Grandfathered)

The limits for 2024 are \$4,150 for self-only coverage and \$8,300 for family coverage. If you are 55 and older can contribute an additional \$1,000 as a catch-up contribution.

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

I understand the annual limits outlined by the IRS and request the above amount to be deducted from pay on a per pay basis.

Employee Signature: _____ Date: _____

FOR HR & PAYROLL USE ONLY

Deduction Code: _____

Account #: _____

Routing #: _____