

Health Savings Account Change of 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.
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: You can make this election once per month for a maximum of four elections in a calendar year. See Health Savings Account Agreement for annual contribution maximum.

I direct that this amount be contributed on my behalf to my Health Savings Account.

\$ _____ /Annual amount _____ Begin date _____

Health Savings Account Agreement

I authorize Case Western Reserve University to reduce my basic salary, effective as of the first day of the month following the month in which this agreement is executed. Such salary reduction amount will be applied by Case Western Reserve 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 understand that this Agreement will continue in force unless changed in writing by me.

Employee Signature _____

Date _____

Health Savings Account 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 _____

Health Savings Account Agreement

I acknowledge that this Agreement is subject to the following conditions:

- It remains in effect unless terminated by me upon 30 days' written notice, my Case employment terminates, or my HSA bank account is inactivated.
- The amount of reduction may be changed only once per month, and no more than four times during the calendar year.
- The amount of annual contribution is limited by the Internal Revenue Code. For 2024, the maximum annual contribution amount is \$4,150 for single coverage and \$8,300 for family coverage. Individuals aged 55 or over can contribute an additional \$1,000 to their HSA.