

# Health Savings Account 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 (HSA).  
*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

2025 annual HSA contributions	
Coverage type	IRS Maximum Annual Contribution Limits
Self-only	\$4,300
Family	\$8,550
Catch-up Contribution if age 55+	\$1,000

**Total Annual Amount\***

/  
(DIVIDED)

**Enter number of pay periods to  
distribute the amount over**

=

**Per-pay period withholding\*\***

\*Include all contributions in  
current calendar year

**Begin date** \_\_\_\_\_

\*\*The per-pay period withhold amount will supersede previous contribution amounts. A new form or a November Open Enrollment election is required to instate a new contribution amount.

## HSA Agreement

I authorize Case Western Reserve University to reduce my basic salary, effective as indicated by the date listed above. Such salary reduction amount will be applied by CWRU 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 acknowledge that this Agreement remains in effect unless terminated by me upon 30 days' written notice, my CWRU employment terminates, or my HSA bank account is inactivated.

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

I acknowledge that:

- I understand it is my responsibility to manage my contributions in accordance with federal guidelines based on my eligibility as well as my dependents.
- I understand using HSA funds for expenses other than those deemed qualified may be subject to tax and penalties.

## HSA 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 \_\_\_\_\_



**CASE WESTERN RESERVE  
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Human Resources

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