

## 2024 HEALTH EQUITY HEALTH SAVINGS ACCOUNT

Payroll Election Form (OPTIONAL for Western Health Advantage Plans)

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Name: Last, First, Middle Initial Social Security Number

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Street Address DOB

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City State Zip Code

The IRS has established 2023 annual limits that can be contributed to a Health Savings Account.

| Coverage   | Max Annually<br>(under age 55) | Max Per 26 Pay<br>Periods (under age 55) | Max Annually<br>(Age 55+) | Max Per 26 Pay<br>Periods (Age 55+) |
|------------|--------------------------------|--|---------------------------|-------------------------------------|
| Individual | \$4,150.00                     | \$159.62                                 | \$5,150.00                | \$198.08                            |
| Family     | \$8,300.00                     | \$319.00                                 | \$9,300.00                | \$357.69                            |

\* **NOTE:** Since your contribution limits are specific to your circumstances, we recommend that you contact your Tax Advisor to verify what your contribution limits are.

Based on your estimates, elect the amount you wish to contribute to your **Health Equity Health Savings Account** this year.

**Per Pay Period Amount**      \$ \_\_\_\_\_

**Annual Amount**                      \$ \_\_\_\_\_

**Please read, sign and date this form:**

I authorize the reduction of my salary on a per paycheck basis, by the amount designated above.

I understand that funds that are deducted from my pay and not used for eligible health care expenses incurred after my HSA account was established will be **taxable** in accordance with IRS regulations, and it is solely my responsibility to report these funds to the IRS.

I attest that I am not enrolled in a Medicare plan, since HSA contributions are not allowed if an individual is enrolled in Medicare.

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Signature Date