



## Health Savings Account Change Form

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This form should be used to make changes to your Health Savings Account (“HSA”) contribution. Changes can be made to your HSA contribution once per month. You can increase, decrease, start, or stop your biweekly contribution, provided you are enrolled in the Essential CDHP plan and you do not exceed the annual limits set by the IRS. The maximum contributions in 2024 are \$4,150.00 for an individual and \$8,300 for a family. Individuals age 55 and over may also make catch-up contributions. In 2024, the maximum catch-up contribution is \$1,000. Annual contribution limits apply regardless of whether the contributions are made by an individual, the individual’s employer, or any other person. It is the employee’s responsibility not to exceed the IRS maximum contribution limit(s). Contribution changes are effective on the next available payroll following receipt of a completed and signed Health Savings Account Contribution Change Form.

Name *(Please Print)*: \_\_\_\_\_

Employee ID: \_\_\_\_\_

Current Contribution per pay period: \$ \_\_\_\_\_

New Contribution per pay period: \$ \_\_\_\_\_

*\*First-Time Enrollments ONLY (if you have not previously setup an employee contribution amount)*

Annual Contribution: \$ \_\_\_\_\_

By signing below, I am requesting that the above changes be made to my biweekly payroll contribution that is deposited into my Health Savings Account. I also understand it is my responsibility to monitor my Health Savings Account and not to exceed the IRS annual maximum contribution limits.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For additional information on the Health Savings Account please visit the following websites:

General Information:

<https://healthequity.com/ed/anthembcbs-hsa>

HSA Calculator

<https://healthequity.com/ed/anthembcbs-hsa>