



Health Savings Account Payroll Deduction Form

Name: _____

Signature: _____ Date signed: _____

2024 Total HSA Contribution Limits

Single Account - \$4,150

Family Account - \$8,300

Catch-up (age 55 and older in 2022) - \$1,000

2024 HSA Contribution Limits - reduced by \$100/month CSG contribution

Single Account - \$2,950

Family Account - \$7,100

Catch-up (age 55 and older in 2022) - \$1,000

Participant Election

I authorize Children's Specialty Group to payroll deduct the below selected amount and contribute these monies to my Health Savings Account. I hereby elect to:

Reduce my salary by the maximum allowable (not to exceed applicable legal limitations)

Contribute an additional \$1,000 for the over 55 catch-up contribution

(The above elections will be taken at 1/12th per month**)**

Make a one-time contribution of \$ _____

Reduce my salary by \$ _____ per month

Make no contributions to my Health Savings Account

The effective date of this agreement will be on the first eligible payroll following the above signed date.