

BlueFund HSA Payroll Deduction Election

Please complete this form, which allows your employer to deposit funds from your pay into your health savings account (HSA). Once complete, submit this form to your human resources department and keep a copy for yourself. Your human resources department should be able to answer any of your questions.

The below chart will assist you in determining the maximum amount you can contribute to your HSA each calendar year.

MAXIMUM CONTRIBUTION LIMITS	2023	2024	Please note: These maximum annual contribution limits assume you will be an eligible individual for an entire year. If you become eligible to participate or enroll in the HSA after January 1, the maximum annual contribution will be reduced by the number of months you are not able to participate. There is an exception if you become a participant by December 1 and agree to remain covered by a high-deductible health plan (HDHP) for the following calendar year.
Single	\$3,850	\$4,150	
Family	\$7,750	\$8,300	
Catch-up Contribution (age 55 and over)	\$1,000	\$1,000	

EMPLOYER BLUEFUND HSA PAYROLL CONTRIBUTION (Please note: Your employer is not required to make a contribution to your HSA).	
Employer Name	
Employer Contribution (if applicable)	HSA Effective Date

EMPLOYEE BLUEFUND HSA PAYROLL CONTRIBUTION		
Employee Name	Date of Birth	
Address		
City	State	ZIP Code
Daytime Phone	Evening Phone	

Yes, I want to contribute \$_____ to my HSA each pay period on a pre-tax basis.
I understand this amount will be deducted from my paycheck until I indicate otherwise.

Yes, I want to make a single contribution of \$_____ to my HSA on a pre-tax basis.
I understand this amount will be deducted from my paycheck one time only for the _____ tax year.

No, I don't want to contribute.

As an eligible employee, I certify that I am enrolled in a qualified HDHP and I am ineligible to receive any benefits under another health plan or general purpose flexible spending account (FSA). I authorize my employer to deduct the employee contribution amounts listed above and deposit them into my HSA. I acknowledge it is my responsibility to determine whether I am eligible to make contributions to my HSA and to determine whether contributions to this HSA have exceeded the applicable maximum annual contribution limit.

Employee Signature	Date
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