Please change my biweekly HSA contribution as show	n below. (please print)
Employee Name:	Position:
Phone: Last four digit	s of social security number:
Insurance Coverage Level: Single 2-Person Family	
am 55 or older:	
My NEW contribution amount: \$	
Begin this deduction: $\square$ As soon as possible $\square$	On the pay date of:(see dates below)
Employee Signature:	Date:

## 2023-2024 Payroll Deduction Dates

Sept. 1, 2023	Jan. 19, 2024
Sept. 15, 2023	Feb. 2, 2024
Oct. 13, 2023	Feb. 16, 2024
Oct. 27, 2023	March 1, 2024
Nov. 10, 2023	March 15, 2024
Nov. 24, 2023	April 12, 2024
Dec. 08, 2023	April 26, 2024
Dec. 22, 2023	May 10, 2024
Jan. 5, 2024	May 24, 2024

**2023** HSA Contribution Limits: \$3,850 Individual, \$7,750 Family **2024** HSA Contribution Limits: \$4,150 Individual, \$8,300 Family

- The HSA contribution limits above include the total of all (employer & employee) funds deposited into your account.
- If you are 55 or older, the IRS allows an additional \$1,000 taxfree contribution per calendar year.
- Please refer to your employment agreement or union contract for information on employer funding.

Eligibility and contribution limits to your health savings account (HSA) are determined by the effective date of your high-deductible health plan (HDHP). If you're covered as of Dec. 1, you're considered an eligible individual for the entire year and you're not required to pro-rate your contributions. If you cease to be an eligible individual during the next calendar year, any funding over the prorated amount is considered an excess contribution and is subject to a penalty and income tax.

For further information or to review eligibility, please contact Cigna HSA Banking Services at 800-244-6224.