



AMERICAN BENEFITS GROUP

HSA – CONTRIBUTION CHANGE FORM

Name: _____ Last Four of SSN: _____

Home Address: _____ Email: _____

City, State, Zip: _____ Phone: _____

Election Contribution Limits:

Depending on what your High Deductible Health Plan coverage is you have the following annual limits. These limits are the total contributions you can make in your 2024 HSA including any Employer contribution.

Individual: \$4,1500 **Family:** \$8,300

Those 55 or older can contribute an additional \$1,000 (catch-up contribution)

Per Pay Period Contribution: _____

Your election to participant in any pre-tax eligible benefits will constitute an election under your employers Section 125 Cafeteria Plan and any contributions you are required to make under any such plan will be deducted from your salary on a pre-tax basis unless you requested otherwise.

Employee Signature: _____ Date: _____

Please submit this form to your HR Department. ABG does not need a copy of this form.