

Pewamo-Westphalia Community Schools

2024 Health Savings Account Contribution Form

I, _____, would like to contribute funds into my Health Savings Account in the amount of \$_____ per pay. This is effective _____.

- It is my responsibility to remember the annual maximums put into place by the IRS when electing to contribute additional funds.
- I acknowledge that I am eligible to contribute to a Health Savings Account because I have a high deductible health insurance plan with minimum deductibles of \$1,600.00 for single coverage or \$3,200.00 for two person or full family coverage.
- I acknowledge that I am eligible to contribute to a Health Savings Account because I have a high deductible health insurance plan with maximum out-of-pockets costs of \$7,500.00 for single coverage or \$15,000.00 for two person or full family coverage.
- I realize that this deduction can't be stopped without my written consent give to the Business Office.

Signature

Date

2024 Annual Maximums:

Single - \$4,150.00

Two Person or Full Family - \$8,300.00

If 55 years or older by the end of 2023, an additional \$1,000.00 may be added to the annual maximums listed above.