



# COLLEGE OF THE Holy Cross

## HEALTH SAVINGS ACCOUNT (HSA)

### EMPLOYEE CONTRIBUTION ELECTION/CHANGE FORM (Complete and return to HR)

Employer Name: College of the Holy Cross

#### HSA ACCOUNT OWNER'S NAME AND ADDRESS

<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
Street Address		
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
City	State	Zip Code

Employee ID No. \_\_\_\_\_

#### CONTRIBUTIONS

- I wish to change my contribution to my HSA account as soon as **administratively possible**. Please change my HSA contribution to \$\_\_\_\_\_ each remaining pay period on a pre-tax basis. I understand this amount will be deducted from my paycheck until I indicate otherwise.
- I wish to change my contribution to my HSA account effective \_\_\_\_\_. Please change my HSA contribution to \$\_\_\_\_\_ each remaining pay period on a pre-tax basis. I understand this amount will be deducted from my paycheck until I indicate otherwise.

#### SIGNATURE

It is my responsibility (1) to determine whether I am eligible to make contributions to my HSA, and (2) to determine whether contributions to this HSA have exceeded the applicable maximum annual contribution limit.

\_\_\_\_\_  
HSA Account Owner \_\_\_\_\_  
Date

	<u>2021 Annual</u> <u>Maximum Contribution</u>	<u>2021</u> <u>College Contribution*</u>	<u>2021 Maximum</u> <u>Employee Contribution</u>
<i>Single:</i>	\$3,600	\$500	\$3,100
<i>Family:</i>	\$7,200	\$1,000	\$6,200

\*\* If age 55 or older, an additional catch-up contribution of \$1,000 is allowed annually.

\*Note – For new employees hired after 1/1/21, the College Contribution will be pro-rated as of the first of the month coincident with or next following your date of hire.