



2024 HSA Enrollment Form

First Name:

Last Name:

MI

Date of Hire:

Pay Cycle:

Weekly

Bi-Weekly

Monthly

Home Address:

EFFECTIVE DATE:

HSA

*Health Savings Account (HSA) - Limited to those who elect HDHP. Employees age 55+ may make an additional \$1,000 catch up contribution above the amounts listed below.

Do you currently have secondary health insurance through another provider? Yes No

Do you wish to make your own contributions to the HSA in 2024? Enter amount below. Yes No

HSA Individual (Maximum of \$3,650; age 55+ \$4,650) per year \$ /Year

HSA Family (Maximum of \$7,300; age 55+ \$8,300) per year \$ /Year

Authorization:

* I hereby authorize Bryant University to deduct the appropriate premiums from my paycheck for the coverage I selected. I understand that all my premiums will be deducted on a before tax basis with the exception of optional insurance premiums which would be on an after-tax basis. I also certify that the information on this form is true to the best of my knowledge.

Signature:

Date:

FOR HR USE ONLY:

Employer Contributions

Single:

Prorated Amount:

Earnings Code: HSERE

Family:

Prorated Amount:

Earnings Code: HSERF