AUBURN UNIVERSITY Health Savings Account (HSA) Contribution Change Form

Employee Name:		
Banner ID Number:		
actively enrolled in Auburn University	r's High Deductible He rements are met, as we	current Plan Year, the employee must be alth Plan (HDHP). It is the member's ll as if they are eligible for the plan and ual factors and situations vary.
	x-free with very few exc	ropriately for qualified medical expenses. ceptions. Members should consult a tax
	_	ceed the IRS Maximum HSA Contribution cember 31). Employer Contributions are
AU requires a minimum HSA Annual Cor	ntribution of \$60.00 to be	e eligible for the Employer Contribution.
2024 HSA Maximum Contribution Limits: Single enrollment in the HDHP: Family (non-single) enrollment in the HDHP: Catch-up Contributions: (Employees reaching age 55 in this Plan Year or currently age 55 or older are eligible for		\$4,150 \$8,300 \$1,000 der are eligible for catch-up contributions)
EMPLOYEE REQUESTS	THE FOLLOWING HSA C	CONTRIBUTION CHANGE
	_	It the Plan Year but will be completed as yroll schedule. I authorize the following
Per Paycheck Amount: OR	\$	
Annual Amount:	\$	
I acknowledge I have read the information	on included on this form	and agree to the terms.
Signature of Participant:		Date:
Payroll & Employee Benefits Representative:		Date:
Upload this form us	ing the secure portal: aub.	ie/secure document

Please retain a photocopy for your files.