



Health Savings Account (H.S.A.)

2023 Employee Contribution Change Form



This form is only for employees currently enrolled in the High Deductible Plan with H.S.A. for plan year 2023 that would like to make a change to their H.S.A. contribution after January 1, 2023. An employee may start a H.S.A election, stop the election or increase/ decrease their current per pay period election. Changes are allowed once monthly. Change forms must be submitted by the 15th of the month, allowing the change to be effective the 1st day of the next month.

Employee Information:

Employee Name: _____ SS# _____ DOB: _____
 Phone# _____ Employee# _____ Email: _____

1. Contribution Information: Plan Year 2023

The IRS has strict guidelines on who is eligible to contribute to a Health Savings Account (HSA). For the employee to contribute or receive employer contributions they;

1. Must be 18 years of age or older. Are you 18 years of age? YES ___ NO ___
2. Must not be covered under any health plan that is not a qualified High Deductible Health Plan (HDHP). If you have other coverage is it a HDHP plan? YES ___ NO ___
3. Must not be enrolled in Medicare. Are you currently enrolled in medicare? YES ___ NO ___
4. May not be claimed as a dependent on another individual's tax return. Can you be claimed as a dependant on another individuals tax return (other than your spouse) YES ___ NO ___

It is the employee's responsibility to contact the Benefits Department to stop their Employee and Employer H.S.A contributions in the event any of these apply changing their eligibility.

The IRS places a limit on the maximum amount that can be contributed to H.S.A. accounts. If over the age of 55, an employee may make an additional catch up deduction of up to \$1,000 annually. All maximums listed below are set for combined coverage. Please keep in mind, any employer contribution made from Williamson County will also count as part of your individual or family maximums.

<u>Maximum annual contribution limits as mandated by the IRS for 2023:</u>		<u>Maximum Employer contributions for 2023:</u>	
Under Age 55:	Over Age 55:	Employee Only	\$ 500
Employee Only HDHP..... \$3,850	Employee Only HDHP..... \$4,850	Employee+1/Family	\$1000
Employee+1/Family HDHP.... \$7,750	Employee+1/Family HDHP..... \$8,750		

2. Make your Health Savings Account election:

- ___ I elect to **start** contributions.
 I elect to contribute \$ _____ annually to my Health Savings Account for the remainder of 2023. The annual amount you contribute will be divided over the remaining pay periods in 2023. The Benefits Department will calculate the pay period amount based on the annual contribution you indicate above and the number of payrolls remaining for the calendar year.
- ___ I elect to **stop** contributions to my Health Savings Account for the remainder of 2023.
 If you are stopping contributions due to non-eligibility specify reason _____.
- ___ I elect to **increase** my current Health Savings Account per pay period deduction. My current Health Savings Account deduction is \$ _____ and I wish to increase it to \$ _____. Contribution change is as of the date of change through 12/31/2023.
- ___ I elect to **decrease** my current Health Savings Account per pay period deduction. My current Health Savings Account deduction is \$ _____ and I wish to decrease it to \$ _____. Contribution change is as of the date of change through 12/31/2023.
- ___ I **decline** to make a contribution into my Health Savings Account at this time.

Return completed form to the Williamson County Benefits Department. If you have questions regarding your H.S.A please contact Joy Heimermann at (615)595-1268 or by email at joy.heimermann@williamsoncounty-tn.gov or joy.heimermann@wcs.edu

By signing below, I authorize WCG/BOE to withhold my contribution for this plan from my pay on a pre-tax basis. I agree to all terms and conditions of continued enrollment in the Williamson County Health Savings Account, as such exist on the date of my enrollment, and as such may change from time to time, with or without notice to me. I further represent and warrant that all information given by me is accurate, current and complete to the best of my knowledge. I agree to allow the Williamson County Benefits Department to have the appropriate deductions taken from my paycheck according to my above enrollment elections. *Your contributions, tax savings and future values may vary based on multiple factors, including income and regulatory changes. No part of the Williamson County Benefits Department, including materials on our website, provides or is intended to provide tax or investment advice. You should consult a professional tax advisor to determine what is appropriate for your personal situation.

Employee signature _____ Date: _____