



### HSA OPEN ENROLLMENT 2024

EMPLOYEE NAME (LAST, FIRST, MI)			
STREET ADDRESS	CITY	STATE	ZIP
		<b>SSN</b>	
DEPARTMENT:	COUNTY <input type="checkbox"/>	SCHOOLS <input type="checkbox"/>	JAIL <input type="checkbox"/> LIBRARY <input type="checkbox"/>

**MEDICAL HSA (Health Savings Account) \*\*\* Can only be paired with the CDHP plan.**

I accept coverage and authorize deductions for deposit into my Medical HSA account below.

• **HSA Eligibility:**

HSA Eligibility:

- Covered under a CDHP
- Is not covered by any other health plan that is not a CDHP
- Is not currently enrolled in Medicare or Tricare
- Has not received medical benefits through the Department of Veterans Affairs (VA) during the preceding 3 months
- May not be claimed as a dependent on another person’s tax return.
- Hanover County & Schools will contribute annually the following towards your HSA:
  - \$1,450 for an Individual (\$725 in January and \$725 in July)
  - \$2,800 for Individual + Spouse, Child, Children or Family (\$1,400 in January and \$1,400 in July)
  - Employees enrolling after January 1, 2024 will received a prorated contribution from the County

• **2024 HSA Contribution Limits:**

- Individuals can contribute up to \$4,150
- Families (Employee + any dependents) can contribute up to \$8,300
- If you are 55 or older, you can contribute an additional \$1,000 catch-up contribution each year you are HSA eligible.
- Your totals represent employee and employer contributions combined.

	Prior Contribution	New Contribution	Pay Check Change Date
<b>IRS Maximums Allowed (combines Employer and Employee contributions)</b> <b>\$4,150 Single                      \$8,300 Family</b>			

Your eligibility to contribute to an HSA is determined by the effective date of your CDHP coverage. Your annual contribution depends on your CDHP coverage. If you are covered on December 1, you are treated as an eligible individual for the entire year and do not need to prorate contributions based on number of months enrolled. However – if you cease to be an eligible individual during the next calendar year, the excess over the pro-rated contribution is included in income and subject to a 20% additional tax. The amount you can contribute is not determined by the date you establish your account.

I have been offered the above employee HSA account, I am eligible to open an HSA and I have selected my choices. I agree that my employer may deduct from my wages the appropriate amount on a **pre-tax basis**. I understand that I **MAY** change this elected amount at another time throughout the year for no reason, but I must update this form in order to do so.

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

HR ONLY: Received _____ Processed _____ By _____
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