



# Health Savings Account (HSA)

## 2024 Enrollment/Change/Termination Form

### IMPORTANT INFORMATION—PLEASE READ BEFORE COMPLETING THIS FORM

Your contribution from each 2024 pay period is automatically calculated by the university’s payroll system. It takes into account your annual contribution election, subtracts what you’ve already contributed (if applicable), then divides by the number of remaining pay periods (assuming 12 months of pay periods). The number of remaining pay periods is determined by when this form is processed by IU Human Resources (pay calculations close approximately one week before pay is issued; forms received after a pay period closes are not processed until the following pay period). You cannot reduce your annual pledge to an amount below what you have already contributed—refunds are not an option. Your annual pledge must be an amount between the minimum and maximum as described below.

The **Minimum Annual Contribution** is the greater of \$300 OR your accumulated year-to-date contribution as of your last paycheck. The **IRS Maximum Annual Contribution** includes both IU’s and your contributions. Maximums can be affected by your spouse’s HSA contributions, Archer MSA contributions, and/or the number of months you are covered under an HDHP.

	IRS maximum annual contribution limit	IU’s annual contribution to your HSA	The most you can contribute to your HSA in 2024	The most you can contribute to your HSA in 2024 if you’re age 55+
<b>Employee-only</b>	\$4,150	\$1,300	<b>\$2,850</b>	\$3,850
<b>All other coverage levels</b>	\$8,300	\$2,600	<b>\$5,700</b>	\$6,700

### SECTION 1—CHANGE REQUEST

**ENROLL in the HSA**  
 Open an HSA in my name and set my 2024 annual contribution pledge at \$\_\_\_\_\_. I understand this amount will be divided equally over the remaining pay periods in the year. I certify that I meet the eligibility requirements for an HSA; authorize the plan administrator, Nyhart Health & Benefits, to open an HSA in my name with WEX Inc.; and agree to the [Custodial Agreement](#), [Electronic Disclosure Statement](#), [Patriot Act Requirements](#), [IU Benefit Card Terms and Conditions](#), and to [Nyhart’s banking fees](#).

**CHANGE my HSA contributions**  
 Change my 2024 annual contribution pledge to \$\_\_\_\_\_. I understand this amount (minus any YTD contributions) will be divided equally over my remaining paychecks in the year.

**SUSPEND/STOP my HSA contributions**

**Suspend my contributions.** I certify that I have contributed at least the \$300 minimum annual contribution.

**Stop my contributions.** I am no longer eligible for tax-free HSA contributions. I understand that my account will be transitioned to an individual account that is no longer associated with IU. I further understand that I will now be responsible for the monthly account maintenance fees.

### SECTION 2—EMPLOYEE INFORMATION

Employee Name:		University 10-Digit ID:	
Campus:	Department:	Phone:	
Email:			
Medical Coverage Level: <input type="checkbox"/> Employee Only <input type="checkbox"/> Family*		Pay Cycle: <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly	
<b>Employee Authorization</b> I authorize IU to withhold my contributions for this plan from my pay on a pre-tax basis. The per-pay period contribution will be determined by subtracting my year-to-date payroll deductions from the new elected annual amount and dividing over the remaining pay periods for the year. This change will take effect on the next available paycheck date, as determined by payroll’s processing schedule.			
Signature:			Date:

\*Family coverage includes Employee w/Spouse, Employee w/Child(ren), and Family coverage levels.

To sign and submit this form digitally you must first save it to your device.

This form may also be scanned/emailed to [askhr@iu.edu](mailto:askhr@iu.edu); or mailed to IU Human Resources, 2709 E. 10th Street, Ste 321, Bloomington, IN 47408.

#### HR USE ONLY

DATE RECEIVED: \_\_\_\_\_ ENTERED BY: \_\_\_\_\_ DATE ENTERED: \_\_\_\_\_