



OFFICE OF HUMAN RESOURCES

To make pre-tax contributions to your Health Savings Account (HSA), please complete and return your signed salary reduction authorizing Utica University to deduct the amount indicated below.

2024 HSA VOLUNTARY SALARY REDUCTION FORM

Name: (Please Print)

Date:

Effective Date:

- I would like to START contributing \$... each pay period...
I would like to CHANGE my current Health Savings Account contribution...
I would like to CANCEL my current Health Savings Account contribution...

- The 2024 IRS limit for an Individual Account is \$2,710...
The 2024 IRS limit for a Family Account is \$5,420...
If age 55 or older, a catch-up contribution may be made up to, but not exceeding, \$1000.

Your ability to contribute the maximum amount to your HSA account may depend on your enrollment date and age. Please see IRS publication 969 for complete health savings account contribution rules or consult a tax advisor.

By my signature below, I certify that I have enrolled in an HSA-compatible health plan and that I am not covered under any other plan that would disqualify me from opening or contributing to an HSA.

Signature: _____ Date: _____

Please return to:
Utica University
Office of Human Resources
1600 Burrstone Road
Utica, NY 13502
hr@utica.edu