



High Touch HR | Benefits | Payroll

2024 Health Savings Account (HSA) ENROLLMENT FORM

2024 IRS Maximum:
 Individual Contribution:
\$4,150

Family Contribution:
\$8,300

Catch-Up Contribution for EEs 55+ yrs. old:
\$1,000

Employer Name: _____

Accountholder Profile Information

Important: Bank verification protocols require you to have a valid e-mail address and an active phone number when opening FSA/HSA. Additionally, P.O. Box are not considered as a valid address.

*Name (Last, First, MI)

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*Social Security Number

*Employee ID

*E-mail Address

*Address Line 1 (cannot be PO Box)

*Address Line 2 (cannot be PO Box)

*City

*State

*Zip

*Date of Birth

*Gender Male Female

*Marital Status Married Single

*Hours Worked Per Week

*Payroll Frequency

*Plan Effective Date

I am enrolling in an HSA through my employer. I authorize my employer to deduct my HSA contributions from my pay and forward them to my HSA. (Please complete the section immediately below)

Note: Your employer may also contribute to your HSA that will apply to your maximum contribution allowed. You are solely responsible for determining whether contributions to an HSA exceed the maximum annual contribution limitation. You are also responsible for notifying the custodian of any excess contribution and requesting a withdrawal of the excess contribution together with any net income attributable to the excess contribution.

*Date of First Payroll Contribution:

*Annual employee election or a per Pay Period election: Employee Annual Contribution **or** Per Pay Period Contribution

*Indicate HDHP Coverage Level: Self-only or Family/Other

*Indicate if you are enrolled in an HDHP through your employer: Yes or No

****Please return this form to Aspen HR (benefits@aspenhr.com) for approval. ****

I certify the above information to be true to the best of my knowledge. I have read the information in the HSA Participant Reference Guide and understand and agree to the terms and conditions stated within it. I agree that my compensation/wage will be reduced by the HSA deduction amount(s) stated above and authorize my employer to collect said HSA contributions via payroll deduction. I further understand that this HSA deduction will be in effect until I cancel or terminate my participation, that annual renewal of the HSA is necessary, and that I may make changes at any time to my HSA contributions.

Signature of HSA Accountholder

Date

Important Reminder!

HSA is a household maximum – The HSA limits are shared by the employee and the spouse, given that the spouse is also enrolled to an HSA, both are married and had applied to joint taxes. It is the employee’s responsibility to track and be aware of this before deciding to enroll an amount.

iSolved Benefit Services

Customer Service Line: (800)-300-3838 and (866-370-3040) for HSA Online Portal
 Customer Service E-mail: FSA@isolvedhcm
 Know Your Benefits! <https://www.isolvedbenefitservices.com>

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