

**HEALTH SAVINGS ACCOUNT  
Voluntary Contribution Designation**

**FORM COMPLETION INSTRUCTIONS**

1. Complete section A.
2. **Review page 2 to ensure you are eligible to contribute.**
3. Complete section B. Please indicate whether this is a new contribution (new hire/newly eligible) or if you are making a contribution change. Indicate the pretax amount you would like to contribute annually to your healthsavings account. This is in addition to the University contribution to your health savingsaccount.
4. Sign and date and retain a copy.
5. Submit the completed and signed form to:

**Division of Human Resources**  
 888 N. Euclid Ave., Ste. 217  
 P.O. Box 210158  
 Tucson, AZ 85721  
 520-621-3660

Email: [hrosolutions@arizona.edu](mailto:hrosolutions@arizona.edu)    [Secure document upload](#)

**SECTION A: EMPLOYEE IDENTIFICATION INFORMATION**

Last Name, First Name, M.I.	Contact Phone	EmplID _____
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**SECTION B: EMPLOYEE VOLUNTARY CONTRIBUTION AMOUNT TO HEALTH SAVINGS ACCOUNT**

(See p. 2 for contribution limits. Midyear hires should enter a per-pay-period amount )

<b>Contribution Amount (choose <i>either</i> per calendar year <i>or</i> per pay period)</b>		
Per calendar year: \$	OR	Per pay period: \$
<b>FOR HR USE</b> DATE RECEIVED:	RECEIVED BY:	EFFECTIVE DATE:

**DECLARATION FOR BENEFITS**

- I authorize my employer to reduce my salary by applicable amounts I have elected in this form.
- I am aware that my contributions **are ineligible** as deductions for income tax purposes.
- I authorize the release of this information to my insurance carriers and employer.
- I understand that it is my responsibility to review IRS Publication 969 <http://www.irs.gov/pub/irs-pdf/p969.pdf> and consult a tax advisor for information about my specific situation.

By my signature below, I authorize Human Resources to enter form information into the benefits enrollment system and affirm that it is my responsibility to review my paycheck and immediately notify Human Resources of disparities.

Signature:

Date:

Email address:

**Health Savings Account Maximum  
Contributions 2024**

2024	Annual Maximum Contributions Permitted by the IRS (includes Employee and Employer)		Per-Pay Maximum Contributions (annual max./24)		Employer Contributions	Maximum Per-Pay Employee Contributions under age 55 (per-pay max. minus per-pay employer contributions)	Maximum Per-Pay Employee Contributions age 55 and over (per-pay max. minus per-pay employer contributions)
	under age 55	age 55 and over	under age 55	age 55 and over	per pay	per pay period	per pay period
Single	\$4,150.00	\$5,150.00	\$172.91	\$214.58	\$30.00	\$142.92	\$184.58
Family	\$8,300.00	\$9,300.00	\$345.83	\$387.50	\$60.00	\$285.83	\$327.50

**To be eligible to contribute to an HSA, you cannot be:**

- Enrolled in Medicare
- Covered by any non-HSA-qualified health plan
- Claimed as a dependent on another person’s tax return.

Your eligibility will cease when any of these events occurs.

**To contribute the annual maximum**, you must be enrolled in the HSA plan for the entire calendar year OR meet the requirements of the “last month rule.” Under the “last month rule” provision, you may contribute up to the maximum annual contribution for the year if you are enrolled in the HSA plan on Dec. 1 AND remain enrolled in the HSA plan for the entire following calendar year. If you have a midyear employment change, you will be subject to the monthly maximum contributions shown above for the portion of the year you were eligible. Excess contributions will be subject to taxation and penalties.

You are advised to consult with a tax adviser.