



Ames Construction

## HEALTH SAVINGS ACCOUNT (HSA) CONTRIBUTION CHANGE FORM

**Employee Information:**

|                     |              |
|---------------------|--------------|
| Employee Full Name: | Employee ID: |
| Address:            |              |
| Phone:              | Email:       |

**HSA Contribution Change Request:**

Employees may make changes to their HSA Employee Contribution amount once per month, in accordance with IRS requirements.

**I hereby authorize my employer to change my payroll deduction amount for my Health Savings Account as noted below:**

☐ I elect to change my HSA contribution amount per pay period to \$\_\_\_\_\_, effective with 1st payroll of next month. I understand that I cannot exceed the IRS calendar year limits, which are indicated below.

*Employer contributions (\$125 per month for individuals/\$250 per month for families) must be included when determining the maximum amount to contribute to your HSA account. For 2025, the maximum calendar year total contribution (employer + employee) may not exceed \$4,300 (individual) and \$8,550 (family).*

**HSA Catch-up Contribution Change Request:**

Employees who turn age 55 during the calendar year and are enrolled in the HSA plan can contribute an additional \$1,000 each year through age 65 or until enrolled in Medicare.

**I am eligible for the catch-up contribution and hereby authorize my employer to enroll me in the HSA catch-up, or change my catch-up payroll deduction amount for my Health Savings Account as noted below:**

☐ I elect to enroll/change my HSA Catch-up contribution amount per pay period to \$\_\_\_\_\_, effective with 1st payroll of next month. I understand that I cannot exceed the IRS calendar year limit, which is indicated below.

*Eligible participants aged 55 or older may contribute up to \$1,000 as a catchup contribution each year.*

|                     |       |
|---------------------|-------|
| Employee Signature: | Date: |
|---------------------|-------|

Completed forms should be submitted to: [CorpPayroll@amesco.com](mailto:CorpPayroll@amesco.com)