



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 the 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 2026, the maximum calendar year total contributions (employer + employee) may not exceed \$4,400 (individual) and \$8,750 (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