

CACHE COUNTY SCHOOL DISTRICT EMPLOYEE HSA CONTRIBUTION FORM 2024

Please fill this form out and return to Rebecca Kirby at Rebecca.kirby@ccsdut.org or fax to 435-792-7680

Name:

First: _____ Middle Initial: _____

Last: _____

Last 4 Digits of SSN or Employee's ID Number: _____

How much would you like to contribute to your HSA each month?

(Not sure how much you can contribute to your HSA? Use the information below.)

\$

Date you would like the change to become effective: _____

Signature: _____ Date: _____

2024 Annual HSA Contribution Limits

Coverage Type	Maximum Allowed	Maximum Allowed After CCSD Employer Contribution
Single	\$4,150	\$3,550
2-Party or Family	\$8,300	\$7,700

Catch-up contribution (age 55+) is \$1,000

Your eligibility to contribute to an HSA is determined by the effective date of your HDHP coverage. Your annual contribution depends on your HDHP coverage. For 2007 and forward, if you are covered on December 1, you are treated as an eligible individual for the entire year and do not need to prorate the contributions based on number of months enrolled. However – if you cease to be an eligible individual during the next calendar year, the excess over the pro-rated contribution is included in income and subject to a 10 percent additional tax. The amount you can contribute is not determined by the date you establish your account.

This form is for employer internal use only and should not be sent to your health plan or HSA administrator.



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