

2024 HEALTH SAVINGS ACCOUNT (HSA) CERTIFICATION FORM

UNIVERSITY OF ROCHESTER

Please fill out this form electronically and email the completed form to totalrewards@rochester.edu.

NAME: _____
LAST FIRST M.I.

EMPLOYEE ID NUMBER (required): _____

DAYTIME PHONE NUMBER: (____) ____ - ____ DATE OF BIRTH: ____ / ____ / ____

Pay Cycle: Monthly Semi-Monthly Bi-Weekly

Changes to your home address, phone number, emergency contact(s), and/or self-identification data can be updated in HRMS by navigating to Main Menu > Self Service > Personal Information > Personal Information Summary. Please contact Ask-URHR at ask-urhr@rochester.edu or (585) 275-8747 for assistance.

HEALTH SAVINGS ACCOUNT (HSA)

Maximum HSA Contribution Amounts for 2024:

\$4,150 is the maximum HSA contribution for those with single coverage.

\$8,300 is the maximum HSA contribution for those with employee & spouse/domestic partner coverage, employee & children coverage, or family coverage.

If you are age 55 or older, you may contribute an additional \$1,000 (\$5,150 for single coverage and \$9,300 for family coverage).

I would like to begin contributing to an HSA.
Annual Health Savings Account Contribution: \$ _____

I am currently contributing to an HSA at the University and would like to change my contribution amount.
Annual Health Savings Account Contribution: \$ _____

Please note, your new annual contribution amount is the total amount that will be deducted from your paychecks throughout the entire year (2024), including contributions that you have already made. For example, if you have already contributed \$500, and would like to contribute an additional \$750 during the remainder of the year, your new annual HSA contribution amount would be \$1,250.

I am currently contributing to an HSA and would like to stop any further contributions. I understand that it may take up to one full pay period to process this change, and that I may restart contributions at any time by completing a new HSA Certification form.

HSA ELIGIBILITY CRITERIA

Per the IRS Guidelines, individuals must meet ALL of the requirements below in order to contribute to an HSA.

- You must elect coverage under the University’s YOUR HSA-Eligible Plan for 2024.
- You cannot be covered by any other health plan (including spousal health insurance), except what the IRS permits.
- You cannot elect nor be covered by another person’s Health Care Flexible Spending Account or Health Reimbursement Arrangement for 2024.
- You cannot be enrolled in any part of Medicare, Tricare, Medicaid or state health care programs.
- You cannot or will not be claimed as a dependent on another person’s tax return for 2024.
- You cannot have received Veteran’s Administration health benefits in the past 90 days (preventive, dental and vision is permitted).

I declare that I do not meet all of the requirements above, to the best of my knowledge.

I declare that I do meet all of the requirements above, to the best of my knowledge.

AUTHORIZE ELECTIONS AND CERTIFY DEPENDENT ELIGIBILITY

Please click within the box to scroll.

I agree to the above terms and conditions.

SIGNATURE

I acknowledge that providing my electronic approval is equivalent to signing the document and I understand that my electronic signature is binding.

FIRST & LAST NAME: _____

DATE: _____

This form is for 2024 HSA contributions only.