

# Health Savings Account

## ELECTION AND CHANGE FORM 2023

You must be a participant in the Company's group insurance plan to participate in the Health Savings Account benefit.

Complete this form to elect or change your H.S.A. contribution.

### Employee Information

Name

### Application and Agreement

I elect to have \$ \_\_\_\_\_ withheld from **each payroll check** and added to my Health Savings Account.

This is in addition to the amount the company will contribute for me to the Health Savings Account. This election may be changed or rescinded at any time. Refer to chart below for maximum contribution amounts.

I understand this plan in no way forms a guarantee or contract for employment between myself and Bud Mahas Construction, Inc.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

	<b>Individual</b>		<b>2- Party or Family</b>	
Maximum 2022 allowed	\$ 3,850.00		\$ 7,750.00	
Company contribution	\$ 1,000.00		\$ 2,750.00	
Maximum personal contribution	\$ 2,850.00	\$ 54.81/wk	\$ 5,000.00	\$ 96.15/wk
Catch up - 55 or older	\$ 1,000.00	\$ 19.23/wk	\$ 1,000.00	\$ 19.23/wk

The company will make the voluntary company contribution quarterly on or near:

January 1

April 1

Jul 1

Oct 1