

HSA contribution limits are based on the

calendar year from January 1 – December 31.

HSA contribution limits include both employer and optional employee amounts combined.

2025 HSA Employee Contribution/Change Form

NAME:	Employer Paid HSA Contributions			
BANNER ID:	Ef	Effective 7/1/2024		
DANNER ID.	STAR Plan Single		\$ 77.07	
PHONE:	STAR Plan Double		\$ 154.70	
EMAIL:	STAR Plan Fa	mily	\$ 162.05	
	0-4	1 C1-1-1-1-1	10/	
I certify that I am HSA eligible with a PEHP STAR plan	Optional HSA Contribution Worksheet			
certify that I am 113A engine with a FETTE STAIL plan	See paystubs on BadgerWeb employee tab for amounts already contributed.			
Select 2025 total contribution limits:	tab for amol		1	
Scient 2029 total contribution limits.			Employer	
Single (\$4,300) Couple (\$8,550) Family (\$8,550)	January	\$	\$	
	February	\$	\$	
Additional \$1,000 (age 55 years+ in 2025)	March	\$	\$	
	April	\$	\$	
	May	\$	\$	
Select optional employee contribution amount:	June	\$	\$	
	July	\$	\$	
PLAN YEAR CONTRIBUTION: Deduct \$ from each paycheck from 7/1/ through 6/30/ ONE-TIME CONTRIBUTION: Deduct \$ from one paycheck on (Mo) (Yr)	August	\$	\$	
	September	\$	\$	
	October	\$	\$	
	November	\$	\$	
	December	\$	\$	
	Subtotals	\$	\$	
OTHER CONTRIBUTION: Deduct \$ from paycheck on (Mo) (Yr)	Grand Total \$			
DI FACE NOTE:	HSA Goal			
*Snow College health insurance benefits plan year goes from July 1 – June 30.	Less Above Amount -		\$	
	Amount to Fund		\$	
	Number of Months ÷			
	Add'l Mo Contribution =			
hereby authorize the Snow College Payroll Office to automatically deductions may monthly paycheck(s). All deductions will commence with year on July 1 st unless otherwise specified. Contributions are posted to H	the first payr	oll after the s	start of the new	
Signature Date		23 07 1110110	oownig payi	

Please return completed form to the HR Department for new employees and during open enrollment period.