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2027 Health Savings Account (HSA) Enrollment Form

Employee Name: _____

I assume complete responsibility for:

- Determining that I am eligible for an HSA each year a contribution is made to my account by City of Columbus or myself
- Ensuring that all contributions made are within the limits set forth by the tax laws.
- The tax consequences of any contribution (including rollover contributions) and distributions.

	Enrolled in Individual HDHP	Enrolled in Family HDHP
2027 IRS Annual Contribution Limit	$4,500	$9,000
- City of Columbus Contribution	$1,000	$1,500
= Maximum amount to contribute by employee	$3,500 ($134.61 per pay)	$7,500 ($288.45 per pay)

I hereby authorize the City of Columbus to deduct _____ pre-tax per payroll to be deposited into my HSA Account. I understand that I will need to sign this document annually as well as elect the High-Deductible Health Plan to INCREASE my HSA contribution amount. I also understand that if I do not update and sign this form annually, my HSA contribution will not increase, but continue at the above noted amount. Additionally, if I am no longer enrolled in the High-Deductible Health Plan, I am not eligible for the HSA deposit and the contribution will stop.

SIGN HERE X _____ DATE _____

Maxing out your HSA deduction and 55 or over?
If yes, then you are eligible for the HSA "catch-up" contribution.

I affirm that I am 55 or older **by the end of the tax year** and am eligible for the HSA "Catch-up" contribution of an additional $1,000 per year. By signing below, I agree to have the additional $1,000 deducted from my pay. I understand that this is **$38.46** more deducted per pay in addition to the amount I've authorized above. This additional amount will start with the first pay as the year you turn 55 - no matter what month - begins your eligibility for this benefit.

SIGN HERE X _____ DATE _____