



Human Resources
55 High Street
Middletown, CT 06457
860-685-2100 (M) ~ 860-760-6905 (F)
benefits@wesleyan.edu

2024
Health Savings Account (HSA)
Authorization

Employee Name: _____ Wes ID: _____

- **Annual HSA Contribution Amount:** _____
- **Age-55 Catch Up Amount (\$1,000 max.)** _____
- **Effective Date:** _____
- **End Date:** _____

Wesleyan funds HSA contributions as follows:

- \$500 - Employee
- \$1,000 - Employee plus child(ren), employee plus spouse and family

The 2024 maximum plan limits,

- \$4,150 Individual (maximum employee contribution \$3,650)
- \$8,300 Family (maximum employee contribution \$7,300)
- \$1,000 - Additional catch-up for employees Age-55 or older (not enrolled in Medicare)

I hereby authorize Wesleyan University to deduct the above amount from my paycheck and deposit into my HSA Bank account. This amount will be deducted on the next available paycheck, or the date as indicated above.

Employee Signature

Date

Please Note:

This authorization will remain in force until the employee submits a change, cancel the election, or terminates their employment with Wesleyan University. The employee understand that they must

complete a new authorization form before any changes can be made. Deductions will be effective on the next available pay period.