



HSA ELECTION FORM

2024 HEALTH SAVINGS ACCOUNT

Election Form / Compensation Reduction Agreement

Please circle one: ADD CHANGE CANCEL Effective Date: _____

Employee Name: _____

Address: _____

Please mark one circle:



Ongoing HSA Contribution (Can be changed or canceled at any time with completion of a new form.)

I would like to have _____ deducted from my bi-weekly pay voucher to be deposited into my HSA Bank Account on a pre-tax basis.



One Time Contribution

For the pay period beginning _____, I would like a one-time contribution of \$ _____ deducted from my pay and deposited into my HSA Bank Account on a pre-tax basis. I understand that after this one-time special deposit is made, my HSA contributions will return to what they were, if anything, prior to this Singular Event.



Bonus Contribution

I understand that after each special deposit is made on a pre-tax basis, my HSA contributions will return to what they were, if anything, prior to each Event.

Acre Bonus 1QTR24	Full Amount	Other Amount \$ _____
Acre Bonus 2QTR24	Full Amount	Other Amount \$ _____
Acre Bonus 3QTR24	Full Amount	Other Amount \$ _____
Profit Share	Full Amount	Other Amount \$ _____
Other Special Pay _____		\$ _____

Maximum 2024 Contributions | \$4,150 Single, \$8,300 Family.

Persons age 55 & older are entitled to an additional catch-up contribution of \$1,000, certain qualifications must be met.

Signature: _____ Date: _____

Questions? Contact Dylan Bjerrum at dylan.bjerrum@cvacoop.com or Bailey Charling at bailey.charling@cvacoop.com