CHANDLER UNIFIED SCHOOL DISTRICT

VOLUNTARY HSA 2025 CONTRIBUTION FORM

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**ANNUAL CONTRIBUTION LIMITATION:**

For calendar year 2025, the annual limitation on deductions under § 223(b)(2)(A) for an

individual with self-only coverage under a high deductible health plan is $4,300.00, (inclusive of

employer contribution).

For calendar year 2025, the annual limitation of deductions under § 223(b)(2)(B) for an

individual with family coverage under a high deductible health plan is $8,550.00, (inclusive of

employer contribution).

**ADDITIONAL CONTRIBUTION:**

If you are an eligible individual who is age 55 or older at the end of your tax year, your

contribution limit is increased by $1,000. For example, if you have self-only coverage, you can

contribute up to $5,300.00 (the contribution limit for self-only coverage is ($4,300.00), plus the

additional contribution of $1,000, inclusive of employer contribution).

**WHEN CALCULATING YOUR VOLUNTARY HSA CONTRIBUTION, TO ENSURE THAT**

**YOU DO NOT EXCEED THE IRS LIMITS LISTED ABOVE, PLEASE TAKE INTO**

**CONSIDERATION:**

1. TOTAL CONTRIBUTIONS MADE-TO-DATE (DISTRICT FUNDED/VOLUNTARY)

2. FUTURE SCHEDULED DISTRICT FUNDED CONTRIBUTIONS, INCLUDING WELLNESS INCENTIVE.

 [ ] CHANGE VOLUNTARY HSA CONTRIBUTION PER PAY PERIOD: Click or tap here to enter text.

 [ ] STOP VOLUNTARY CONTRIBUTION

 [ ] STOP DISTRICT CONTRIBUTION AS I AM NO LONGER ELIGIBLE

DATE CHANGES TO BE EFFECTIVEClick or tap here to enter text.

EMPLOYEE ID#:Click or tap here to enter text.

LEGAL NAME:Click or tap here to enter text.

SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATEClick or tap here to enter text.