

**CO-OP HEALTH & WELFARE PLAN**  
**Health Savings Account (HSA)**  
**2025 Payroll Deduction Election Form**

New Election   
 Revised Election

Name of Employee \_\_\_\_\_

Complete Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

Employer Name/Location \_\_\_\_\_

	<u>Single Coverage</u>	<u>Family Coverage</u>
Total 2025 Maximum Contributions	\$4,300	\$8,550
Less Employer Contribution for 2025	<u>\$600</u>	<u>\$1,200</u>
Total Contribution Limit Available for 2025 (Employee may elect to contribute up to \$3,700 for Single and \$7,350 for Family Coverage)	<u>\$3,700</u>	<u>\$7,350</u>
Employee's (optional) Annual Election for 2025	\$ _____	\$ _____
Add Annual Catch-up Contribution Amount (Optional \$1,000 for participants Age 55+ by 12/31/2025)	+ _____	+ _____
Less (optional front-load) <u>Initial</u> Contribution Amount (This additional amount will be deducted pre-taxed from only your FIRST paycheck in 2025.)	- _____	- _____
Total Employee Contribution (Amount to be divided equally over remaining payrolls)	\$ _____	\$ _____

It is your responsibility to monitor and maintain your Health Savings Account.

- If you do not elect any additional contributions on this form, only the standard employer contribution will be deposited in your HSA account.
- Avoid penalties by using the HSA funds to pay for qualified medical expenses only.
- Retain records of all transactions for possible IRS auditing purposes.
- Funds are only available to use as they are deposited.
- For IRS Regulations regarding participation in an HSA and qualified medical expenses, go to the website <https://www.irs.gov/pub/irs-pdf/p969.pdf>

*Revisions to prior contribution elections will be effective on the first payroll of the month following receipt of the revised election form.*

*The Co-op Health & Welfare Plan and Trust has no liability regarding the Health Savings Account outside the direct depositing of designated funds as requested by the employee.*

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date