

**TOWN OF HOLLISTON  
HEALTH SAVINGS ACCOUNT (HSA)  
PAYROLL DEDUCTION FORM**

**Plan Year: July 1, 2023– June 30, 2024**

**GENERAL INFORMATION:**

Employee Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
E-mail \_\_\_\_\_ Address: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Date of Birth (MM/DD/YYYY): \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Date of Hire (MM/DD/YYYY): \_\_\_\_\_

*Please note that if you become ineligible for an HSA any time during the remainder of calendar year 2023 or if you are changing from a family plan to an individual plan or vice versa, please visit Human Resources as soon as possible to avoid IRS penalties.*

Annual Limit for Individual Health Plan - \$3,850

Annual Limit for Family Health Plan - \$7,750

**Pay Schedule**

**Per Pay Period Deduction**

**Health Savings Account**

☐ weekly ☐ bi-weekly ☐ monthly

\_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**Please return this form to Human Resources by Noon on Friday, May 12, 2023.**

**Health savings accounts are subject to IRS regulations and penalties. If you should become ineligible for an HSA during the year or your marital status changes, please visit Human Resources as soon as possible. It is the responsibility of the employee to notify the Town of any changes that effect your health care coverage and HSA contribution limits.**