



ID#

2025 HSA Enrollment Form

First Name: _____ **Last Name:** _____ **MI** _____

Date of Hire: _____ **Pay Cycle:** **Weekly** **Bi-Weekly** **Monthly**

Home Address: _____

EFFECTIVE DATE:

HSA

*Health Savings Account (HSA) - Limited to those who elect HDHP. Employees age 55+ may make an additional \$1,000 catch up contribution above the amounts listed below.

Do you currently have secondary health insurance through another provider? **Yes** **No**

Do you wish to make your own contributions to the HSA in 2025? Enter amount below. **Yes** **No**

HSA Individual (Maximum of \$3,800; age 55+ \$4,800) per year \$ _____ /Year

HSA Family (Maximum of \$7,550; age 55+ \$8,550) per year \$ _____ /Year

Authorization:

* I hereby authorize Bryant University to deduct the appropriate premiums from my paycheck for the coverage I selected. I understand that all my premiums will be deducted on a before tax basis with the exception of optional insurance premiums which would be on an after-tax basis. I also certify that the information on this form is true to the best of my knowledge.

Signature: _____

Date: _____

FOR HR USE ONLY:

Employer Contributions

Single:

Prorated Amount: _____ Earnings Code: HSERE

Family:

Prorated Amount: _____ Earnings Code: HSERF