

Town of Amherst – Health Savings Account Election

I _____ (employee name) have elected to enroll in the High Deductible Health Plan (HMO OA HSA 2000). As part of this plan, I am eligible to open a Health Savings Account (HSA). The maximum contribution to an HSA in 2024 for a single person is \$4,150 (\$5,150 if over 55). The maximum contribution to an HSA in 2024 for 2 Person or Family is \$8,300 (\$9,300 if over 55). The Town will match up to \$1,000 for an employee with single coverage or \$2,000 for an employee with 2 Person or Family Coverage.

I would like to deduct _____ dollars from my check, each pay period to be deposited into my HSA Account for my _____ Single Plan _____ 2 Person/Family Plan.

Employee Signature & date