

Hancock County Government

Health Savings Account (HSA) Direct Deposit Change Form

Employee Name: _____

Account Holder: _____
If different from the employee

Account Holders Social Security Number: XXX-XX- _____

- I am requesting to change my per pay Deduction (If only changing amount, you do not need to complete the Financial Institution information)
- I am requesting to change the financial institution (Please Complete the Financial Institution information)
- I am requesting to change my per pay Deduction & my financial institution (Please complete the Financial Institution information)

Per Pay Deduction to the HSA Account: \$ _____ (New Amount)

The annual Limits for 2024 are \$4,150 for single and \$8,300 for family coverages.
You need to include the amount Hancock County contributes in these limits. An individual, who has reached the age of 55 by the end of the calendar year may contribute an additional \$1,000 per year as a catch-up contribution.

I want my HSA contributions to be deposited into the financial Institution listed below.

Name of Financial Institution: _____

Account Number: _____

Routing Number: _____

- I am confirming that account listed above is a Health Savings Account

Employee Signature

Date

Account Holder Signature (if different than employee)

Date