

MEMBER INFORMATION				
LAST NAME			FIRST NAME	M.I.
EMPLOYEE ID NUMBER (EIN)	SOCIAL SECURITY NUMBER (REQUIRED)	BIRTH DATE	<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED
STREET		CITY	ZIP	COUNTY
HOME PHONE		CELL PHONE	EMAIL	

MAXIMUM HSA CONTRIBUTION

Each year the IRS sets maximum contribution limits for health savings accounts (HSAs). Failure to observe these limits may result in tax penalties. Optum Bank is required to report HSA contribution information to the IRS. There are other contribution schemes but the maximum per payday will generally prevent an account holder from over contributing to their HSA. For additional information on Maximum HSA Contributions, visit benefitoptions.az.gov.

HSA CONTRIBUTION 2024			
Coverage Tier	Employee Annual Contribution Maximum Limit	State Contribution	Annual IRS Contribution Maximum Limit
Employee	\$3,430.06 ¹	\$27.69 per pay period Up to \$719.94 annually ¹	\$4,150
Employee + Adult	\$6,860.12 ¹	\$55.38 per pay period Up to \$1,439.88 annually ¹	\$8,300
Employee + Child			
Family			
Catch Up Contribution	\$1,000 for age 55+, in addition to the Employee or Family contribution. Add to your Max Limit if applicable.		

¹Subject to effective date of enrollment and remaining pay periods.

CALCULATE YOUR HSA AMOUNT PER PAY PERIOD

- Choose your total annual HSA Contribution Amount
 - Divide by 26 pay periods for a full year (New Hires: divide by how many pay periods are left in the year.)
 - Example: \$3,000 ÷ 26 = \$115.38
- Total equals your Employee HSA Contribution Amount per Pay Period - enter this amount in the blank below.

<p>COVERAGE TIER</p> <p><input type="checkbox"/> Employee</p> <p><input type="checkbox"/> Employee + Adult</p> <p><input type="checkbox"/> Employee + Child</p> <p><input type="checkbox"/> Family</p>	<p>I elect a HSA contribution of \$_____per pay period. Payroll contributions for HSAs are taken pre-tax.</p> <p>This authorization will remain in effect until a new authorization form is submitted, or you may make changes at any time in Y.E.S. at hrsystems.azdoa.gov.</p>
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AUTHORIZATION: I am enrolled in the State of Arizona’s High Deductible Health Plan and have no other medical coverage, including Medicare. I am eligible to open and contribute to a health savings account. I hereby request and authorize the State of Arizona to deduct from my pay the above-identified deduction and to forward it to my health savings account with Optum Bank. I understand it is my responsibility to manage my contributions in accordance with federal guidelines based on my eligibility as well as my dependents. I also understand that using my HSA funds for expenses other than those deemed qualified may subject me to tax penalties.

Employee’s Signature _____ Date _____

Return to your agency liaison
or ADOA Benefits

Email: benefits@azdoa.gov | Fax: 602-542-4744
Mail: ADOA Benefits, 1802 W Jackson St, #94, Phoenix, AZ 85007