



HSA Enrollment/Change Form

TEAMMATE NAME	TEAMMATE ID#	DATE OF HIRE
DEPARTMENT	MANAGER	EFFECTIVE DATE

HSA Key Points:

- **Responsibility:** Individuals must track their contributions to ensure they do not exceed annual limits.
- **HSA Contribution Limits:**
 - 2024, the limits are \$4,150 for individuals and \$8,300 for families.
 - 2025, the limits are \$4,300 for individuals and \$8,550 for families.These amounts include the \$250 McLane Contribution.
Catch-up Contribution of **\$1,000 can be added for Teammates age 55 and older.**
- **Pre-Tax Deductions:** Contributions are deducted pre-tax from your paycheck and deposited into your Bank of America HSA account.
- **Changes:** Contributions can be changed or stopped at any time through eServe or by submitting a form to the Human Resources Department.
- **Processing Time:** Changes may take up to two pay periods to reflect on paychecks.
- **Start a Company HSA Account:** If this form is not returned or a minimal deduction of \$1.00 (recurring or one-time) is not set up in eServe, a Bank of America HSA account will not be opened, and you forfeit the \$250 company contribution.
- **There are 2 requirements to receiving the Company Contribution of \$250**
 1. Must be enrolled in the HDHP effective date of 01/01/2025 or earlier.
 2. Must have an active Bank of America HSA account. Required to make at least a \$1.00 contribution for account to be set up for you.

☐ **Enroll in the Health Savings Account**

Enrollment in the BCBS TX High Deductible Health Plan requires that you open a Health Savings Account (HSA). Please complete this form and return it to your local Human Resources Department.

☐ **Stop my HSA Contribution**

☐ **Change my HSA Contribution**

☐ **Electing payroll contribution (under age 55)**

☐ **PER PAY PERIOD** contribution

Amount: \$ _____

☐ **ONE Time** contribution

Amount: \$ _____

☐ **Electing payroll contribution (age 55+)**

☐ **PER PAY PERIOD** contribution

Amount: \$ _____

☐ **ONE Time** contribution

Amount: \$ _____

Bank of America HSA Information (a minimal of a \$1.00 deduction is required to have an HSA opened)

Teammate Signature

Date

Corporate Use Only

Received by: _____

Entered By: _____

Pay Period Effective Date: _____

Date Received: _____

Entered Date: _____