

2024 Health Savings Account (HSA) Salary Reduction Agreement

1. Complete Part A of this authorization form
2. Sign at Part B
3. Return the completed form to your local People Operations representative

Part A

BY THIS AGREEMENT, made between _____ and Devereux Foundation, the parties hereto agree as follows:

The employee's base annual salary will be reduced by the amount indicated below and deposited into their Optum Health Savings Account (HSA). An employee may modify this agreement by completing an updated HSA Salary Reduction Agreement. 2024 maxim contributions for single coverage is \$4,150/ 2 Person or Family Coverage is \$8,300.

I authorize Devereux to initiate credit entries, and if necessary, to initiate any debit entries to correct a previous credit error to my Health Savings Account (HSA) held at Optum. I authorize the following credit to be made:

Credit _____ of my gross pay on a bi-weekly basis.

I would like to front load my account with the following amount _____.

I would like the following amount _____ taken out of _____ pay periods.

If you are 55 or older: Catch-Up contribution

I would like to contribute the following catch-up amount _____ (up to \$1,000).

Part B

I understand that this authorization replaces any previous authorization and will remain in effect until my employer receives written notification from me of its termination.

Employee Name

Date

Employee Signature

Center