

HEALTH SAVINGS ACCOUNT FRONT-LOADING SPECIAL ENROLLMENT

Employee Information - please print or type

Last Name	First Name	M.I.	Andrew ID	
Street Address				
City	State	Zip	Work Phone	Home Phone
Employee Type: <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Campus Police			Email address:	

Health Savings Account Participation

Health Savings Account Contribution:

Annual Personal Contribution \$_____. List contribution per month below. If paid biweekly, monthly amount will be split between two pays.

January	\$_____	July	\$_____
February	\$_____	August	\$_____
March	\$_____	September	\$_____
April	\$_____	October	\$_____
May	\$_____	November	\$_____
June	\$_____	December	\$_____

***IRS limits \$4,300 for individuals/\$8,550 for families in 2025. This limit includes the CMU contribution.** CMU will contribute up to \$250/\$500 for Single/Family enrollees, prorated according to the number of months enrolled during the year. # months enrolled x \$20.83 (single)/ \$41.67 (family). If you are 55 years or older, you can make "catchup" contributions above the IRS limits (up to \$1,000 in 2025). In the event your deferral reaches the applicable annual maximum, it will cease for the remainder of the calendar year and resume with the new calendar year.

Effective Date:

HSA contribution changes will go into effect no earlier than the month following submission of this form to allow for processing. Changes can be made to personal contribution rates up to once per month by submitting a new form and do not require any sort of qualifying event.

I acknowledge and agree that the benefits I have elected are subject to the provisions of the Carnegie Mellon University Benefit Plan and the terms and conditions of each feature under that Plan. I agree that my compensation will be reduced by the amount of any required contributions for the benefits that I have elected under the Plan and that such salary reductions will continue for each pay period until my election is amended or terminated as permitted under the Plan. I acknowledge that I have access to the Plan documents through Carnegie Mellon's Human Resources website. I affirmatively represent that all information provided is true and correct.

Signature

Date

Return to: Human Resources Service Center at hr-help@andrew.cmu.edu

Questions? Submit a help ticket to the HR Service Center at
<https://www.cmu.edu/hr/service-center/help/index.html>