

2024 HEALTH SAVINGS ACCOUNT (HSA) ELECTION FORM

Participant Information & Election

This section to be completed by the Employee – Please print clearly

Last Name _____ First Name _____ M.I. _____

Employer _____

Social Security Number _____ Date of Birth _____

Email _____ Phone Number _____

2024 Health Savings Account (HSA) Contribution Limits:

Single: \$ 4,150

Family: \$ 8,300

Catch-Up: If you are 55 years or older during the calendar year; you may make an additional \$ 1,000 catch-up contribution

*Please note that to participate in a Health Savings Account (HSA) you must be enrolled in a High Deductible Health Plan (HDHP).

Annual Election \$ _____

Number of Pay Periods (if enrolling mid-year, please enter the number of remaining pay periods within the plan year) ÷ _____

HSA Contribution per Paycheck \$ _____

Effective Date of HSA Election _____ HSA Contribution per Paycheck \$ _____

This deduction should continue until I change it This election should recur _____ times

This is a one-time election Stop future deductions

I do not wish to participate

Employee Signature _____ Date _____

Contribution Information

This section to be completed by Fronteer Professional Services

Employee Contributions (if applicable): Weekly Bi-Weekly Monthly Quarterly Annually

Annual Amount: \$ _____ / # of PP _____ = \$ _____ Date of First Deduction: _____

Employer Contributions (if applicable): Weekly Bi-Weekly Monthly Quarterly Annually

Annual Amount: \$ _____ / # of PP _____ = \$ _____ Date of First Deduction: _____

Submit Your Completed Application To:



Fronteer Professional Services, Inc.

1838 E Interstate Ave Ste B · PO Box 1315

Bismarck, ND 58502

T: (701) 258-9848 · F: (701) 258-1011

E: customerservice@fppayroll.com