



All employees must complete this form!

**Health Savings Account (HSA)
2024-2025 HSA Employee Payroll Deduction Form
Valid from April 1, 2024 through March 31, 2025**

Employees enrolling in medical insurance with Cigna will be automatically set up with a Health Savings Account bank account through Health Equity. **It is your responsibility to complete the enrollment process by calling Health Equity upon receipt of your debit card so that your account is activated.** Domus will fund \$1,000 for singles and \$2,000 for families of your in-network deductible and will deposit those funds into your HSA bank account in four equal installments on a quarterly basis.

You must be a benefit eligible employee on the quarterly funding dates and your HSA bank account must be activated to receive these funds. Prorated contributions will occur based on number of eligible months of enrollment if not employed for a full 12-month period.

You can elect to have a pre-tax payroll deduction deposited in your HSA Health Equity bank account to either partially or fully fund the remaining portion of the medical deductible.

Below lists the per pay deduction amounts to fully fund your In-Network Deductible

Option 1: Core Plan \$2,500/\$5,000

Single Coverage (\$1,000 funded by Domus, \$1,500 employee responsibility)	
22 Pay Periods	\$68.18
26 Pay Periods	\$57.69
Family Coverage (\$2,000 funded by Domus, \$3,000 employee responsibility)	
22 Pay Periods	\$136.36
26 Pay Periods	\$115.38

Option 2: Buy-Down Plan \$3,500/\$7,000

Single Coverage (\$1,000 funded by Domus, \$2,500 employee responsibility)	
22 Pay Periods	\$113.63
26 Pay Periods	\$96.15
Family Coverage (\$2,000 funded by Domus, \$5,000 employee responsibility)	
22 Pay Periods	\$227.27
26 Pay Periods	\$192.30

2024 IRS Limits

	Contribution Limit	55+ Catch up Contribution
Single:	\$4,150.00	\$1,000.00
Family:	\$8,300.00	\$1,000.00

IMPORTANT:

YOU ARE NOT PERMITTED TO FUND AN HSA BANK ACCOUNT IF YOU ARE COVERED UNDER ANOTHER HEALTH PLAN.

_____ I elect to deduct \$ _____ per paycheck to be deposited into my HSA bank account.

_____ I do not wish to deduct any funds per paycheck to be deposited into my HSA.

Name (Print)

Signature

Date

***Please note that you may change your deduction election at any time during the plan year by filling out an HSA Employee Payroll Deduction Form.*