

Health Savings Account Enrollment Form

PLEASE PRINT. All information is required, or your enrollment cannot be processed.

Employee Name _____

Social Security Number _____ Date of Birth (MM-DD-YYYY) _____

Home Address _____ Apt. _____

City _____ State _____ Zip _____

Email _____ Phone _____

Citizenship Status: ☐ U.S. Citizen ☐ Resident Alien ☐ Non-Resident Alien

If not a U.S. Citizen, list country of citizenship _____

MCC Bargaining Unit _____

Health Plan Information

Medical Plan Type:

☐ Single

☐ 2-Person

☐ Family

2025 HSA Limits:

Single (One Person)	Two-Party & Family
\$4,300	\$8,550

Individuals 55 years old and older may contribute an additional \$1,000 in catch-up funds annually.

Biweekly Employee Contribution (Per Pay): _____

HSA Enrollment Checklist

To complete the Health Savings Account enrollment process, please complete and return the following forms to Human Resources:

☐ HSA Enrollment Form

☐ 2025 Attestation Form

Employee Signature _____ Date _____

HSA Contribution Quick Reference Table

Total bi-weekly contribution reflects the highest amount an employee can contribute on a bi-weekly basis if the employee intends to meet the maximum IRS allowable contribution.

26-Pay: ADMIN, ASP, COMMAND, FAC, MAINT, POLC, STA, NASF, Non-Admin	Total Annual Contribution Amount Allowed	Number of Pays	Total Bi-Weekly Contribution
Single	\$4,300.00	26	\$165.38
2 Party	\$8,550.00	26	\$328.85
Family	\$8,550.00	26	\$328.85
20-Pay Faculty	Total Annual Contribution Amount Allowed	Divided by Number of Pays	Total Bi-Weekly Contribution
Single	\$4,300.00	20	\$215.00
2 Party	\$8,550.00	20	\$427.50
Family	\$8,550.00	20	\$427.50

MCC employees 55 years old or older can contribute an additional \$1,000 to their HSA account. These additional funds may only be contributed by the employee of Macomb Community College.

PLAN YEAR 2025 ATTESTATION FORM

I understand to be an eligible individual and qualify for a Health Savings Account (HSA), I must meet the following requirements:

- I am (or will be) covered under a High Deductible Health Plan (HDHP), on the first day of the month
- I have no other health coverage.
- I am not enrolled in Medicare.
- I will not be claimed as a dependent on someone else's 2024 tax return.

I, _____,
attest that I am not enrolled in any other Health Insurance Plan other than the HDHP provided by my employer, Macomb Community College. I am also not enrolled in Medicare.

EMPLOYEE'S SIGNATURE

DATE

PRINT NAME

✓Once you are enrolled, you will receive your New Member Kit and HSA Bank Card from HSABank.