2024 STATE OF AZ HEALTH CARE SAVINGS ACCOUNT (HSA) EMPLOYEE CONTRIBUTION AMOUNT CHANGE FORM

Name: ___________________________________________ Employee ID: _______________________

Employees enrolled in the State of AZ High Deductible Health Care Plan (HDHP) may contribute to a Health Care Savings Account (HSA) with Optum. A change to the employee’s contribution amount can be made anytime during the year. This change will be applied to the earliest pay period after receipt of this form.

2024 IRS MAXIMUM ANNUAL CONTRIBUTIONS

The IRS limits the amount that can be contributed to an HSA annually. The following count toward your annual IRS maximum:

- Both your contributions and NAU’s contributions.
- Contributions you make directly to your HSA through Optum.
- Contributions made to an HSA account at another employer.

<table>
<thead>
<tr>
<th></th>
<th>Employee Only</th>
<th>Employee + Adult</th>
<th>Employee + Child</th>
<th>Employee + Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>2024 IRS annual maximum</td>
<td>$4,150</td>
<td>$8,300</td>
<td>$8,300</td>
<td>$8,300</td>
</tr>
<tr>
<td>Amount NAU will contribute annually</td>
<td>$720</td>
<td>$1,440</td>
<td>$1,440</td>
<td>$1,440</td>
</tr>
<tr>
<td>Amount employee can contribute</td>
<td>$3,430</td>
<td>$6,860</td>
<td>$6,860</td>
<td>$6,860</td>
</tr>
</tbody>
</table>

CHANGE TO ANNUAL CONTRIBUTION AMOUNT

I elect to change the annual amount contributed to my HSA to:__________________________________________

SIGNATURE

I am currently enrolled in the State of AZ High Deductible Health Plan and I hereby elect to contribute the amount indicated to my Health Care Savings Account. I am responsible for assuring my contributions are not more than the annual IRS maximums indicated above and understand that this change will be applied to the earliest pay period after receipt of the form.

Signature:_________________________________________ Date:__________________________

RETURN COMPLETED FORM TO HUMAN RESOURCES

Email: nauhrbenefits@nau.edu
Mail: NAU Attn: Benefits, PO BOX 4113, Flagstaff AZ 86011-4113
Fax: 928-523-2220