

Luxfer: HSA Election Change

Effective Date _____

Employee Name:		Date of Birth:	SSN:
Address:		Apt/ Unit Number:	
City/State:			ZIP:
Phone Number:	Gender:	Date of Hire:	

Instructions

If you are enrolled in the Luxfer High Deductible Health Plan (HDHP) and eligible for a Health Savings Account (HSA), and want to change your HSA contribution amount, check the box to the left of the first option below and fill-in your new pay period amount. This can be zero if stopping your deductions for now.

If you are now ineligible for a HSA, check the box to the left of the second option below to stop all future contributions. If you become eligible for a HSA again in the future, you can complete a new election at that time.

Who is ineligible for a HSA?

Even if enrolled in the Luxfer HDHP, you are ineligible to participate in a HSA if:

- You are covered by other insurance such as a spouse's plan that is not a HDHP, or another plan that pays for medical expenses including Flexible Spending Accounts (except a Limited FSA), Health Reimbursement Account, etc.
- You are enrolled in Medicare.
- You can be claimed as a dependent on another person's tax return.

I remain eligible for a HSA and elect to change my contributions to my Luxfer HSA as follows:

2025 Maximum Contributions*

Single: \$4,300

All others: \$8,550

55+: Additional \$1,000 catch up

\$ _____

Per Pay Period

*Limit includes company contribution: \$1,000 Single/\$2,000 EE + 1 or more

I am ineligible for future HSA Contributions

I have enrolled in Medicare (Parts A, B, C or D), or another non high deductible health plan or account making me ineligible for future personal and employer contributions to my Luxfer HSA. Please cancel all future contributions.

I elect to make the above change to my HSA contributions as of the effective date noted above, or as soon as administratively feasible after this date.

Signature: _____ Date: _____

Completed forms should be returned to your local HR for processing.

