[Date]

[Name]

[Address]

[City State ZIP]

Re: Your [2024] VEHI Coverage with a Health Savings Account

Dear [Employee Name],

You have selected the VEHI [Gold or Silver] CDHP plan with a Health Savings Account (HSA). [District Name] has opened an HSA in your name through [vendor]. This account is yours, and you are responsible for complying with all federal regulations and reporting requirements. Please see IRS Publication 969.

The 2024 annual maximum for tax-free contribution into an HSA is $4,150 for an individual and $8,300 if you are enrolled in a health plan with more than one person. There is a voluntary catch-up contribution for those age 55 and older that allows you to make an additional $1,000 contribution.

[*Remove this section if the district is not depositing HSA funds*: [Frequency ie: monthly, quarterly etc] [District] will deposit [$\_\_] into your HSA. Once the money is deposited into your HSA, it belongs to you.]

There is no “use it or lose it” on this account, the money will remain in the account until you use it and can grow year over year. The account is yours, even if you leave employment with the district. At that time, your account will be changed from an employer-based account to a personal account and you can elect to move the account to another institution if you choose.

You will receive a welcome packet from [vendor] in the coming weeks, including an HSA debit card for your use. Please contact me with any questions or concerns at [contact information].

Sincerely,

[Name]

[Human Resources/Benefit Manager]