

# CANON MEDICAL SYSTEMS USA, INC.

## 2025 HEALTH SAVINGS ACCOUNT (HSA) CHANGE FORM

Name: \_\_\_\_\_  
LAST NAME FIRST NAME MIDDLE INITIAL

Address: \_\_\_\_\_

Employee ID# \_\_\_\_\_

### EMPLOYEE HSA AND HSA CATCH-UP CONTRIBUTIONS

Each year you are enrolled in a CDHP medical plan with an HSA, the Company makes a contribution to your account. You can also make pre-tax contributions to your HSA, up to the annual IRS maximum limit. The combination of company, employee, and wellness incentive contributions may not exceed the IRS annual maximum based on your coverage level (\$4,300 for "Employee only" coverage and \$8,550 for all other coverage tiers). If you are age 55 or older (at any time during 2025), you may make additional HSA "catch-up" contributions, up to \$1,000.

#### Maximum HSA Contribution Through Payroll Deductions:

Employee Only: \$3,550

Employee + Child(ren): \$7,550

All other coverage tiers: \$7,050

**NOTE:** The above maximum contribution amounts include the base CMSU contribution and wellness incentive. If you did not complete the annual wellness incentive, you can make up the additional \$500 or \$1,000 non-earned wellness incentive amount as a lump sum deposit to your account directly with Voya .

### Your Annual Election

- ☐ Health Savings Account (HSA) Annual Goal: \$ \_\_\_\_\_
- ☐ Health Savings Account Catch-Up Annual Goal: \$ \_\_\_\_\_
- ☐ Stop HSA Contributions
- ☐ Stop HSA Catch-up Contributions
- ☐ Have you made a lump sum HSA contribution directly to Voya or with a previous employer in 2025? Yes ☐ No
- If yes, \$ \_\_\_\_\_

### YOUR APPROVAL

I understand that contributions to my HSA can only be used to reimburse qualified expenses and that any funds remaining in my HSA will be rolled over to the following year. I understand that my annual employee contribution, along with my employer's contributions (base and wellness incentive), cannot exceed the IRS inflation-adjusted maximum HSA contribution for the 2025 calendar year. I authorize payroll deductions to be withheld as contributions to my Health Savings Account(s), as indicated above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date