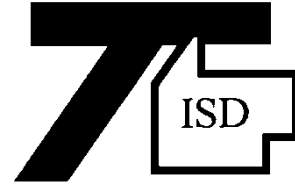


Employee HSA Deduction Form:

Return completed form to:

Attention: Cortney Hawley

Email address: chawley@tuscolaisd.org



Employee Information:

Employee Name: _____ Phone: _____

*Name of Bank or HSA Provider: _____

Routing No.: _____ HSA Account No.: _____

Effective Date: _____

*HSA contributions **cannot** be deposited into your normal checking or savings account. An HSA specific account must be established through your credit union, bank or Health Equity account (if applicable).

Contribution Limits for 2023

Self-only: \$3,850 Family: \$7,750

*Catch-up contribution (Age 55+): additional \$1,000/year

Authorization:

☐ I want to **START** contributing \$_____ per pay period to my Health Savings Account.

☐ I want to **CHANGE** my contribution to my Health Savings Account to \$_____ per pay period.

☐ I want to **STOP** my contribution to my Health Savings Account.

Additional instructions or notes (start/stop dates, etc.):

I hereby authorize the above payroll deduction (if any) as my contribution to my employer's Section 125 Cafeteria Plan. I understand that I may not amend or revoke a Salary Reduction Agreement on or after the first day of the Plan Year unless it is a "permitted election change". For special rules affecting your plan, please contact your employer. FICA taxes are not paid on a Section 125 salary reduction. Therefore, your social security benefits at retirement may be reduced. Execution of a benefit election/salary reduction agreement does not automatically institute insurance coverage; in most instances an application for insurance must be completed.

THIS AUTHORIZATION REPLACES ANY PREVIOUS AUTHORIZATION I HAVE MADE.

Employee Signature: _____

Date: _____

FOR OFFICE USE ONLY
Date entered into Skyward:
