

EMPLOYEE HSA DEDUCTION FORM



Return completed form to:

Cortney Hawley

cortney.hawley@mayvilleschools.org

Employee Information:

Name: _____ Phone: _____

Name of Bank or HSA Provider: _____

**** Leave ROUTING NO. and HSA ACCT NO. blank if Health Equity ****

Routing No: _____ HSA Acct No: _____

Effective Date: _____

HSA contributions cannot be deposited into a normal checking or savings account. An HSA specific account must be established through your bank or Health Equity through your employer.

2023 Contribution Limits

Single: \$3850 Two or More: \$7750
Age 55 and over: Additional \$1000 per year

- I want to START contributing \$ _____ per pay period.
- I want to CHANGE my contribution from \$ _____ to \$ _____ per pay period.
- I want to STOP my contribution.

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.

Employee Signature: _____ Date: _____