

SPRINGBORO COMMUNITY CITY SCHOOLS

HEALTH SAVINGS ACCOUNT
ADVANCE REQUEST

This form is to be completed by a district employee who needs to have an advance of the 2nd half of their Health Savings Account Board contribution. The intent of the advance is to provide additional H.S.A. funds to those employees who encounter unexpected medical emergencies. Please complete this form and submit to the Office of the Superintendent for approval.

Memo of Understanding

If a staff member provides the Superintendent with a written doctor's certification that it is medically necessary for the member to obtain medical care that would deplete the entire deductible amount of the member's HSA prior to the BOARD'S second payment being made on September 1, then the BOARD will make the second payment within twenty one (21) days of receiving such written certification.

Doctors Certification:

Date: _____

I, _____, certify that it is medically necessary for
_____ to obtain medical care prior to September 1, 2010.

Physicians Printed Name: _____

Employee Certification:

Date: _____

I, _____, certify that the estimated cost of the medical care certified
above will exceed the balance of funds within my H.S.A.

Date: _____

Superintendents Approval/Denial:

Date: _____

APPROVED DENIED

Gene Lolli