

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 2<sup>nd</sup> half of their Health Savings Account Board contribution. The intent of the advance is to provide additional HSA funds to those employees who encounter unexpected medical expenses which cannot be placed on a payment plan. Please complete this form and submit to the Office of the Treasurer.

Examples of need: Employee needs medical care that cannot be placed on a payment plan. Employee has prescription expenses that must be paid upon pickup and they have depleted their HSA account.

**Employee Certification:**

Date: \_\_\_\_\_

I, \_\_\_\_\_, certify that the estimated cost of my medical care, or my covered family member's medical care, will exceed the balance of funds within my HSA and payment is due before July 1, 2025.

I understand if I leave employment with the Board prior to the end of any calendar year (December 31), or leave the insurance plan for any reason, I will be required to reimburse the Board at a rate of one-twelfth of the Board paid contribution for each month I am no longer in the plan. This reimbursement will come from my final paycheck(s) from the district.

\_\_\_\_\_  
Employee Signature

Date: \_\_\_\_\_

**Superintendent/Treasurer's Approval/Denial:**

Date: \_\_\_\_\_

APPROVED

☐

DENIED

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\_\_\_\_\_  
Carrie Hester, Superintendent

\_\_\_\_\_  
Terrah Stacy, Treasurer