

# H.S.A. CONTRIBUTION FORM

## PAYROLL DEDUCTION AUTHORIZATION

PLEASE USE THIS FORM TO START OR CHANGE YOUR HSA DEDUCTION

### Contribution Criteria

Breakdown of the Health Savings Account contributions:

	FAMILY	SINGLE
IRS Maximum Contribution for 2024	\$8,300	\$4,150
<i>Employee Maximum Contribution</i>	<i>\$6,300</i>	<i>\$3,150</i>
Plan Deductible	\$4,000	\$2,000
Board Contribution	\$2,000	\$1,000
<i>Employee share of Deductible</i>	<i>\$2,000</i>	<i>\$1,000</i>
Employee 1/24 <sup>th</sup> of Deductible (Optional)	\$83.33	\$41.66

Your total annual contribution must not exceed the amount allowed by law.

Half of the Board contribution will be deposited in January of each year, and the other half in July. Changes in your contribution amount can only be made once each 30 days.

A \$1,000 annual additional catch-up provision may also be payroll deducted beginning in January of the year of an employee's 55<sup>th</sup> birthday.

### Authorization

I authorize Springboro City Schools to deduct \$\_\_\_\_\_ from **each paycheck**, beginning \_\_\_\_\_, **until further written notice** by me to the Springboro Schools Treasurer's office, and deposit my contribution into my HSA account. I understand my total annual contribution cannot exceed the limits listed above for IRS Maximum Contributions.

*\* Per my authorization and signature, I am aware that in accordance to Section 125, my contributions are taken as a pre-tax salary deduction. I understand these funds are available to pay or reimburse for qualified expenses.*

\_\_\_\_\_  
Signature of employee (payer)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Home building

*Please send ORIGINAL signed Payroll Deduction Authorization Forms to Central Office.*