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 2027	$9,000	$4,500
Employee Maximum Contribution	*$7,000*	*$3,500*
Plan Deductible	$4,000	$2,000
Board Contribution	$2,000	$1,000
Employee share of Deductible	*$2,000*	*$1,000*
Employee 1/24th 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 55th 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)

_____ _____

Printed name Date

_____

Home building

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