

# Health Savings Account Contribution Election Form

For eligible employees enrolled in the "HSA" benefit plan option offered by \_\_\_\_\_, please complete the below.

- Yes, I wish to contribute to the Health Savings Account by Payroll Deduction.
- No, I elect not to contribute to the Health Savings Account.

If yes, I elect a Health Savings Account contribution of \$ \_\_\_\_\_/month.

**Note** \_\_\_\_\_ School District sponsors a Healthcare Flexible Spending Account (FSA) in addition to a Health Savings Account (HSA) for Eligible Employees. HSA plan participants may elect to also participate in a "Limited" Flexible Spending Account for medical expenses. However, eligible expenses under the Flexible Spending Account will be limited to vision and dental expenses only (as defined under Code Section 223(c)). Reimbursement for such vision and dental expenses are to be paid under the Healthcare Flexible Spending Account *before* or commensurate with payment from the Health Savings Account.

## Payroll Deduction Authorization

My employer and I agree that my taxable income will be reduced by the amount set forth in this agreement. Note that total Health Savings Account contributions, including any contributions to my Health Saving Account made by Avenue City R-IX School District or others, may not exceed the annual contribution maximum allowed by law.

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

\_\_\_\_\_  
**Date**