



**Health Savings Account (HSA) Payroll Deduction Authorization  
2018-2019 Plan Year**

By my signature below, I certify that I am not covered under any other plan that would disqualify me from opening or contributing to a HSA (such as a traditional FSA, HRA, Medicare or VA medical benefits), nor am I claimed as a dependent on another person's tax return. The District will make a contribution based on the schedule below.

2018 School District of Baldwin-Woodville HSA Contribution: \$900 single; \$1,800 family – The District contribution amount will be distributed in two equal installments. The first contribution will be given with the September 15<sup>th</sup>, 2018 payroll and the second contribution given with the January 15<sup>th</sup>, 2019 payroll.

Name Last	First	Middle	Social Security Number	
Home Address	City	State	Zip Code	

- Option 1:** I elect to contribute to my HSA with a pre-tax salary reduction through the District's Section 125 Cafeteria Plan, and authorize the District to deduct the amounts as indicated from my salary and forward the funds to First Bank of Baldwin to deposit in my HSA.
  - A semi-monthly deduction (24 times/year or less if paid less than 12 months) of \$\_\_\_\_\_ from each payroll (Employee maximum contribution: Single \$2,550 / Family \$5,100)
  - A one-time deduction of \$\_\_\_\_\_ to be made as soon as administratively possible
- Option 2:** I do not want to contribute to my HSA through pre-tax salary reduction.
- Option 3:** I am not eligible to make or receive HSA contributions.

*Note: Your total Annual Employee Election along with contributions from any other sources, including the District contribution, may not exceed the Annual Maximum Contribution amount set by the IRS: \$3,450 for single coverage or \$6,900 for family coverage. The \$1,000 catch-up Contribution for individuals 55 years of age or older does not count toward the annual contribution limits. I understand that pro-rating rules may apply to contribution amounts if I have a mid-year health plan termination or change in coverage.*

I understand this election will remain in effect until I complete and submit a new election form to the District office. Further I understand it is my responsibility to notify the District if my eligibility changes.

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

\_\_\_\_\_  
Date