



Southeastern Local School District
 226 Clifton Rd
 South Charleston, OH 45368
 Phone: (937) 462-8388, Fax: (888)207-9654
 David Shea, Superintendent, Ben Kitchen, Treasurer

Health Savings Account Payroll Contribution Election Form

- Change Contribution Amount
 Stop Contribution Amount

By signing this form, I authorize my employer to deduct, stop or change the elected amount from my pay on each pay date. I hereby consent that all personal information and selections made are correct.

 Signature _____
 Date Signed

 Last Name _____ _____ _____ _____
 First Name MI EMP# (S&S #)

 Mailing Address _____ _____ _____
 City ST Zip

 Date of Birth _____
 Phone Number

I elect to have the following amount deducted per pay period \$_____. (This amount is withheld over 24 pays)

Start Date: _____ End Date: _____

I understand this deduction will not change unless I change my election by submitting a new HSA payroll Deduction Form to begin the 1st day of the next month.

Contributions limits: Your annual HAS contributions cannot exceed the statutory IRS contribution maximums. If you are age 55 or older, you can make additional "catch up" contributions of up to \$1,000. Please refer to the Department of Treasury website for more details: <https://www.treas.gov/offices/public-affairs/hsa/>

Annual Contribution Limits: Health Savings Account (HSA)

| | 2024 | 2025 |
|-----------------------------|---------|---------|
| Self-only Coverage | \$4,150 | \$4,300 |
| Family Coverage | \$8,300 | \$8,550 |
| Age 55+ catch-up additional | \$1,000 | \$1,000 |