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 statuary 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/offoces/public-affairs/hsa/

Annual Contribution Limits: Health Savings Account (HSA)

	2026	2027
Self-only Coverage	$4,400	$4,500
Family Coverage	$8,750	$9,000
Age 55+ catch-up additional	$1,000	$1,000