



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 1<sup>st</sup> 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)

	2025	2026
Self-only Coverage	\$4,300	\$4,400
Family Coverage	\$8,550	\$8,750
Age 55+ catch-up additional	\$1,000	\$1,000