



SOUTHEASTERN LOCAL SCHOOL DISTRICT
 226 Clifton Rd
 South Charleston, OH 45368
 Telephone: (937) 462-8388, Fax: (888) 207-9654

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 ID# (S S #)

COMPLETE MAILING ADDRESS (Include city, state,zip) _____

DATE OF BIRTH _____ HOME PHONE _____

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

Start Date: _____ Stop 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 HSA 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: <http://www.treas.gov/offices/public-affairs/hsa/>

<u>Annual Contribution Limits: Health Savings Account (HSA)</u>		
	2022	2023
Self-only Coverage	\$3,650	\$3,850
Family Coverage	\$7,300	\$7,750
Age 55+ catch-up additional	\$1,000	\$1,000