



Health Savings Account (HSA) Employee Voluntary Contribution Form

Account Owner's Name & Address		Please Submit Form To
Last Name	First Name MI	Department of Human Resources Benefit Office 1340 Braddock Place Suite 520 Alexandria, VA 22314 HRBenefits@acps.k12.va.us
Street Address		
City	State Zip	
Employee ID Number	Employee Daytime Phone	Account Coverage <input type="checkbox"/> Employee Only/Single <input type="checkbox"/> Employee + Dependent(s)/Family

Employee Voluntary HSA Contributions	
I authorize Alexandria City Public Schools to deduct from my paycheck the following amount for contributions to my Health Savings Account through Optum Bank.	
<input type="checkbox"/> Please deduct the following amount per pay period	
Single Coverage Maximum: \$ 127.08 per pay* or	\$ _____
Family Coverage Maximum: \$ 254.16 per pay*	
Employee Signature	Date

*ACPS contributes an annual amount of \$600 for employee only (\$1,200 for family coverage). For CY 2022, the combined ACPS and employee voluntary contribution annual maximum is \$3,650 for single coverage and \$7,300 for family coverage.

If you are 55 or older you may contribute an additional annual amount of \$1,000 as a catch up contribution to your HSA. Please contact HRBenefits@acps.k12.va.us.