
HEALTH SAVINGS ACCOUNT

REQUEST FOR BOARD MATCHING CONTRIBUTION FORM (OUTSIDE PAYROLL CONTRIBUTIONS ONLY)

By signing this form, I acknowledge that my contributions posted for the board matching amount will remain in my account until they are used for approved HSA expenses and will be included as individual contributions reported to the IRS. I hereby consent that all personal information and documentation provided is correct and unaltered.

Signature

Date signed

LAST NAME

FIRST NAME

MI

EMP ID# (S S #)

COMPLETE MAILING ADDRESS (Include city, state,zip)

DATE OF BIRTH

DATE OF EMPLOYMENT

HOME PHONE

I elect to contribute the following amount into my HSA outside payroll and request BOE matching amount
\$ _____ *

Date of Transfer : _____

Date of submission: _____

Date received by Treasurer: _____

REQUIRED DOCUMENTATION: Please include a printed American Fidelity statement showing the amount of your outside contribution.

I understand that matching contributions by the Board will be released in accordance with the negotiated agreement, payroll schedule and paid by the board through their regular payroll process. (Board matching annual maximum amounts: Single-\$250 E+kids or Family-\$500). The last day to turn in matching contribution request for the Calendar year will be December 10th, please plan accordingly.

* 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/>

Last Revised: 12/12/19