



Monomoy Regional School District

425 Crowell Road Chatham, MA 02633

508-945-5130 Fax: 508-945-5133

Website: www.monomoy.edu

High Deductible Plan – HSA Payroll Contributions

Employee Name _____

For the fiscal year of _____, I would like to contribute a total of

\$_____ to my Health Equity HSA account.

Please check one:

_____ Please take this full amount in one payment

_____ Please take equal payments from my biweekly payroll.

Monomoy Regional School District has the authority to make deductions from payroll.

Employee Signature _____ Date _____