



*Our Mission: Inspire Students Today for Their Success Tomorrow*  
2603 Charlton Road, Trenton, MI 48183 / PH. 734.676.8600 FX. 734.676.4851

## HEALTH SAVINGS ACCOUNT DEDUCTION FORM 2024

Use this form to start, change or stop your current contributions to your health savings account (HSA). You must be enrolled in a District sponsored high deductible health plan and have an Employer Authorization form on file before you can start a deduction.

Print Name: \_\_\_\_\_

- Start my personal contribution:     \$ \_\_\_\_\_ per paycheck.
- Change my current deduction to:     \$ \_\_\_\_\_ per paycheck.
- STOP my current contribution.
- STOP my contribution. I am no longer eligible to contribute to my HSA account.

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2024 Contribution Limits:

**Single Maximum - \$4,150**

**Family Maximum - \$8,300**

At age 55, eligible employees can contribute an additional \$1,000 beyond IRS limits.

Your annual HSA contribution, which includes deposits from ALL sources, cannot exceed the statutory IRS contribution maximums. For more details regarding your HSA, please visit:

<https://healthequity.com/hsa-contribution-limits>

By signing this form, I authorize Trenton Public Schools to deduct, on a pre-tax basis, the elected amount from my bi-weekly pay as soon as permitted under the IRS guidelines and as soon as administratively feasible. **I understand the HR Department will make every effort to make this change within two (2) pay periods from the date received and it will remain in effect until I submit a new form to change or stop this deduction. I am responsible for checking my pay voucher for accuracy and will contact the HR Department with any questions regarding this deduction.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_