

PORTLAND PUBLIC SCHOOLS
HEALTH SAVINGS ACCOUNT CONTRIBUTION FORM
2024

I would like to contribute \$ _____ per pay into my Health Savings Account (HSA).

I would like for this contribution to take effect on (enter date) _____.

I understand that I may contribute to a personal Health Savings Account if I have a High Deductible Health Plan (HDHP). The WMHIP SB HAS Plan 3 health plan is the only HDHP that is offered by Portland Public Schools.

I understand that this payroll deduction cannot be changed or terminated without my written consent provided to Central Office of Portland Public Schools.

I understand that I may change or terminate this payroll deduction at any time as long as I provide written consent to Central Office of Portland Public Schools.

I understand that the maximum HSA contribution limit for 2024 is \$4,150 for single person and \$8,300 for two person and full family coverage. These maximum HSA contribution limits include both employee and employer contributions.

I understand that the maximum HSA catch up contribution limit (age 55 or older) for all employees in 2024 is \$1,000.

I understand that I am the owner of my personal Health Savings Account. I am responsible for initiating payments from my Health Savings Account for eligible health related expenses. I also understand that the balance of my Health Savings Account belongs to me at all times. There are no forfeiture time limits associated with my Health Savings Account.

I understand that my HSA contribution may not be available for immediate withdrawal. It may take up to one week after the payroll deduction has been withheld from my pay and deposited into my HSA account.

Name _____

Signature _____

Date _____