



Employee Benefits – Human Resources Department

Health Savings Account (HSA) Payroll Deduction Form

Employee Name: _____

Location: _____ Last 4 digits of SSN: _____

Per Paycheck Amount: \$ _____ beginning on: _____

Minimum deduction is \$5.00 a paycheck

I am enrolled in a qualified High Deductible Health Plan that entitles me to contribute to a health savings account. I authorize Glendale Elementary School District No. 40 to reduce my before-tax pay by the dollar amount indicated above.

I understand my deduction is subject to the IRS limit for the current calendar year. I also understand this amount will continue to be deducted for the remainder of the fiscal year deduction schedule unless I submit another Payroll Deduction Form to stop or change the amount.

I also understand this change will take effect on the next regularly scheduled payroll following receipt of this form or as soon as administratively feasible.

Employee Signature

Date

2023 Maximum Contributions

Single - \$3,850

Family - \$7,750

Age 55 or older catch-up - \$1,000

The employee and employer contribution cannot exceed the amounts above.

Please scan and email your completed form to jfinnesy@gesd40.org.