

# Mt. Vernon Community School Corporation Health Savings Account (HSA) Contribution Change Form

Name: \_\_\_\_\_ Last 4 of SSN: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Change: \_\_\_\_\_

New per pay contribution amount: \$ \_\_\_\_\_ beginning on \_\_\_\_\_ payroll.

One-time contribution amount: \$ \_\_\_\_\_ on \_\_\_\_\_ payroll.

I understand and agree to the following:

- I have reviewed and met all of the eligibility requirements to participate in a Health Savings Account;
- MVCSC will serve as a sponsor by providing a qualified High Deductible Health Plan (HDHP) and allow pre-tax contributions to my HSA account through payroll deduction. MVCSC bears no other responsibility regarding my HSA account. Any issues regarding my personal HSA account are between me and the banking administrator;
- My HSA contribution will be deducted pre-tax from my payroll on every paycheck that I receive from the change date moving forward;
- The banking administrator may charge account fees for which I am liable for payment;
- I may only contribute up to the maximum allowed under IRS regulations and understand that MVCSC's contributions may affect the total amount I may save on a bi-weekly or annual basis;
- I may change or cancel my payroll contributions at any time, and that any changes must be submitted in writing to the MVCSC Human Resources Department;
- Once contributions are deposited into my account MVCSC cannot refund or retrieve funds from the account, therefore it will be my responsibility to contact your HSA Bank Administrator and make any corrections;
- I am ultimately responsible for the recordkeeping, management, compliance and tax reporting of my HSA account.

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

Send the completed form to:

Mt. Vernon Community School Corp  
1806 W State Road 234  
Fortville, IN 46040

Phone: 317-485-3100  
Fax: 317-485-3113