



RTR SCHOOL DISTRICT #2902

Russell – Tyler - Ruthton

PO Box 659 ♦ Tyler, MN 56178-0659
507-247-5913 ♦ Fax: 507-579-0994 ♦ www.rtrschoools.org

2025/Enrollment/Contribution Form

Health Savings Account (HSA) Data Collection Worksheet

Please complete and submit this worksheet to your employer. **This is an internal document used by your employer for data collection purposes. Worksheets returned to WEX Health, Inc. cannot be processed.**

*=Required Fields

Step 1: Account Holder Information

<input type="text" value="RTR PUBLIC SCHOOL ISD #2902"/>	<input type="text"/>
*Employer Name (Do not abbreviate)	Employee ID Number
<input type="text"/>	<input type="text"/>
*Account Holder Name (First, MI, Last)	*Social Security Number
<input type="text"/>	<input type="text"/>
*Physical Address (Cannot be PO Box)	*City
<input type="text"/>	<input type="text"/>
*Email Address	*State
<input type="text"/>	<input type="text"/>
<input type="text"/>	*Zip
*Date of Birth (mm/dd/yyyy)	*Day Telephone
<input type="text"/>	<input type="text"/>
*Hire Date (mm/dd/yyyy)	
<input type="text"/>	

Step 2: HSA Election for Current Tax Year

<p style="text-align: center;">Employee Contribution</p> <p>Note: I understand my Health Savings Account (HSA) will be set up effective the first day of the month following the date this worksheet is signed.</p> <p>*Per Pay Period Amount: <input type="text" value="\$"/> (to be deducted each pay period)</p> <p>Employer Contribution: Check with your employer to determine if you will receive employer contributions. Both employee and employer contributions will be applied to your annual IRS maximum.</p>	<p style="text-align: center;">HDHP Coverage Level (*check one)</p> <p><input type="checkbox"/> Single / <input type="checkbox"/> Family</p> <p>*HDHP Coverage Date: <input type="text"/></p> <p>Note: There may be tax consequences if HSA contributions exceed the IRS governed limit. To determine the maximum HSA contribution for the current tax year visit www.wexinc.com.</p>
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Step 3: Authorized Signature

By signing this application I represent that: 1) I am covered under a high deductible health plan (HDHP); 2) I am not covered by any other health plan that is not an HDHP; 3) I am not enrolled in Medicare; 4) I cannot be claimed as a dependent on another person's tax return; and 5) I will read and agree to the HSA Custodial Agreement and Disclosure Statement on the WEX Health, Inc. Participant Portal. I understand that if my spouse is enrolled in a general-purpose FSA (a non-HDHP), I am not eligible to contribute to an HSA. I understand my Health Savings Account will be set up effective the first day of the month following the date the Enrollment Application is signed. Further, I understand that my Health Savings Account cannot be effective prior to my HDHP coverage date.

<input type="text"/>	<input type="text"/>
*Signature of Account Holder	*Date