

2025

DUNELAND SCHOOL CORPORATION

Employee Authorization for Payroll Deduction to Health Savings Account

I wish to:

☐ Begin a deduction ☐ Change my deduction ☐ Stop my deduction Effective date _____

Payroll will confirm the effective date.

Section 1: Employee Information

Name _____

Location _____

Mailing address _____

Work extension _____

City/State/ZIP _____

Cell number _____

Section 2: Calculate Your Maximum HSA Contribution

Use the worksheet below to determine how much you can contribute to your HSA in 2025.

| | Select your enrollment status | |
|---|-------------------------------|------------|
| | Individual HSA | Family HSA |
| A. Maximum amount that can be put in your HSA for 2025 | \$4,300 | \$8,550 |
| B. Are you age 55 or older? No, write \$0. Yes, write \$1,000 | | |
| C. Duneland School Corp. will contribute in 2025 | \$1,250 | \$2,500 |
| D. A + B – C = The most you can contribute in 2025 | | |

If your contributions exceed the amount in D, you risk paying IRS tax penalties. If you are submitting a midyear change, be sure to include any amounts you have already contributed in 2025.

Section 3: Calculate Your Per-Paycheck HSA Contribution

Continue the worksheet to determine how much you will contribute to your HSA per paycheck.

| Individual HSA | Family HSA |
|---|---|
| Total from D. \$ _____ | Total from D. \$ _____ |
| E. Number of paychecks you will receive in 2025. _____ | E. Number of paychecks you will receive in 2025 _____ |
| F. D ÷ E = This is the most you can contribute per paycheck \$ _____ | F. D ÷ E = This is the most you can contribute per paycheck \$ _____ |
| Amount you elect to contribute to your HSA per paycheck Can be any amount equal to or less than \$ _____ | Amount you elect to contribute to your HSA per paycheck Can be any amount equal to or less than F \$ _____ |

Employee's Signature Required

By signing this form, I am requesting that payroll deductions be started or changed as shown in Section 3 above and agree to the preceding terms. I understand there are maximum limits I can contribute to my HSA per IRS rules and I may be liable for tax penalties if I exceed this amount.

This request replaces any previous payroll deduction requests for my HSA.

Employee's signature

Date

Payroll Office Use

| | | |
|--------------------------------|--|--------------------------------------|
| Employee's annual contribution | Number of paychecks remaining for 2025 | Employee's contribution per paycheck |
| \$ _____ | \$ _____ | \$ _____ |

Return this form to Susan Pearson--Payroll. Please keep a copy for your records.