



TEACHERS GROUP 100 VOLUNTARY FORM CY 2025

The High Deductible Health Plan (HDHP) with Health Savings Account (HSA)

This form is voluntary. If you would like to contribute additional money into this account, a pre-tax deductible contribution will be taken out of your pay check in each of the 20 pay cycles determined at the beginning of the year. **BMO account must be opened prior to submitting voluntary form.**

UNDERSTANDING YOUR MEDICAL PLAN

The High Deductible Health Plan (HDHP) with Health Savings Account (HSA)

- Hamden Board of Education will contribute to your Health Savings account:

July 1, 2025:	Individual	\$550 (55% of \$2,000) or
	Family two or more	\$1,100 (55% of \$4,000).
January 1, 2025:	Individual	\$550 (55% of \$2,000) or
	Family two or more	\$1,100 (55% of \$4,000).

- You can make additional pre-tax contributions or elect \$0.00 and only receive contributions from the BOE. No action necessary if you chose to elect \$0.00 additional.
- It is your responsibility to ensure you do not exceed the Calendar Year IRS contribution maximums (indicated below). If you send in additional contributions not through payroll you **must let us know so you do not exceed the limit and have money returned.**

The maximum allowable annual pre-tax contributions for 2025 are: (Town contributions are assuming you have been here since the beginning of the calendar year)

	Maximum Allowable Contribution	Maximum Allowable Contribution less Town Contribution	Maximum Pre-Tax Contribution You can Elect per pay period
			(20 Payroll Deductions)

Under age 55:

<u>Employee Only</u>	\$4,300	\$4,300 - \$1,100 = \$3,200	\$160.00
<u>Employee plus one or more</u>	\$8,550	\$8,550 - \$2,200 = \$6,350	\$317.50

Age 55 or older (Additional \$1,000 Contribution allowed):

<u>Employee Only</u>	\$5,300	\$5,300 - \$1,100 = \$4,200	\$210.00
<u>Employee plus one or more</u>	\$9,550	\$9,550 - \$2,200 = \$7,350	\$367.50

TEACHERS GROUP 100 - HSA VOLUNTARY FORM

Name (**Print**) _____

Effective Date: _____

The Employer agrees to forward the pre-tax deductible salary reduction amounts as soon as administratively possible in the amount shown below: (Employees should enter the per pay period amount below):

Payroll deductions will be by Direct Deposit into your BMO account.

_____ **BMO Account Number (NOT the debit card #) A twelve-digit number beginning with “601”. You must sign into your Anthem account online to access your account number. If you have any questions, please contact Anthem.**

\$_____ per pay period

This amount can only be changed two times per year.

EMPLOYEE AUTHORIZATION

I authorize Hamden Board of Education Payroll / Human Resources Benefits Administration to withhold my contributions for this HSA (Health Savings Account) from my pay on a pre-tax basis. By signing this form, I am requesting that payroll deductions begin as indicated and I agree to the terms as shown above. I understand there are maximum limits I can contribute to my HSA (Health Savings Account) per IRS rules and I may be liable for tax penalties if I exceed this contribution level.

Employee Signature: _____ Date: _____

This is a **VOLUNTARY** enrollment form.

For Payroll Department Information Only

Date Entered _____