



**GROUP 670 VOLUNTARY FORM Calendar Year 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 school year. **PNC 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 on or about July 1, 2025: Individual \$1,000 (50% of \$2,000) or Family two or more \$2,000 (50% 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 IRS contribution maximums (indicated below). If you make non-payroll deduction on your own you **must let us know so we can adjust your contribution so you don't go over the maximum.**

**The maximum allowable annual pre-tax contributions for 2025 are:**

	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 - \$1,000 = \$3,300	\$165.00
<u>Employee plus one or more</u>	\$8,550	\$8,550 - \$2,000 = \$6,550	\$327.50

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

<u>Employee Only</u>	\$5,300	\$5,300 - \$1,000 = \$4,300	\$215.00
<u>Employee plus one or more</u>	\$9,300	\$9,550 - \$2,000 = \$7,550	\$377.50

**GROUP 670 - 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** \_\_\_\_\_