Health Savings Account (HSA)
Employee Voluntary Contribution Form

Account Owner's Name & Address		**Please Submit Form To**
Last Name	First Name MI	Department of Human Resources Benefit Office 1340 Braddock Place Suite 520 Alexandria, VA 22314 **HRBenefits@acps.k12.va.us**
Street Address		
City	State Zip	
Employee ID Number	Employee Daytime Phone	Account Coverage □ Employee Only/Single □ Employee + Dependent(s)/Family

Employee Voluntary HSA Contributions

I authorize Alexandria City Public Schools to deduct from my paycheck the following amount for contributions to my Health Savings Account through Optum Bank.

□ Please deduct the following amount **per pay period**

Single Coverage Maximum: **$ 179.16 per pay*** or $_____

Family Coverage Maximum: **$ 356.25 per pay***

_____ _____

Employee Signature Date

*ACPS contributes an annual amount of $600 for employee only ($1,200 for family coverage). For CY 2025, the combined ACPS and employee voluntary contribution annual maximum is $4,300 for single coverage and $8,550 for family coverage.

Updated May 2025

If you are 55 or older you may contribute an additional annual amount of $1,000 as a catch up contribution to your HSA. Please contact HRBenefits@acps.k12.va.us.