



## Saint Joseph School District

### 2026 HSA - Health Savings Account Authorization Form

A Health Savings Account (HSA) is a tax-advantaged savings account available to individuals enrolled in a qualified High Deductible Health Plan (HDHP). Contributions are made pre-tax as allowed by IRS regulations, and funds may be used for eligible medical expenses.

The maximum combined employee/employer contribution amount cannot exceed the IRS stated maximums of \$4,400 for individual coverage and \$8,750 for family coverage for the 2026 calendar year. Individuals aged 55 and older can make an additional \$1,000 catch up contribution. Check the IRS guidelines for maximum contributions at [www.treas.gov](http://www.treas.gov) and click on Health Savings Accounts.

While the HSA contribution limits run January 1 - December 31st, please keep in mind that the district's Benefit plan year runs July 1 - June 30th.

For the 2025-2026 Benefit Year, the Saint Joseph School District contributes \$199.85 per month to your HSA. Please consider this amount when determining your own monthly contribution so you do not exceed IRS limits.

#### Instructions:

Please complete all sections of this form in full. Incomplete forms may delay processing. Return the completed form to Human Resources.

#### Section 1 - Employee Information

Employee Name: \_\_\_\_\_

Employee ID Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

#### Section 2 - Contribution Election

Please select one option below:

- New Enrollment** – I elected my HSA during open enrollment and opened an account with the bank I selected from the available options. I now need to provide my account details.
- Change Contribution Amount** – I am updating my monthly payroll deduction and will enter the new amount below.
- Stop Contributions** – I am discontinuing my HSA payroll deductions.



**New Account Information** – I currently have an HSA account on file and need to provide updated account details.

**New Employee Monthly Contribution Amount:**

\$ \_\_\_\_\_ per payroll deduction (pre-tax)

**Disclaimer:** Please be aware that updates to HSA contribution elections can require up to one full payroll cycle to take effect.

**Section 3 - HSA Account Information**

**HSA Bank (select one):**

- UMB Bank
- Nodaway Valley Bank

**Account Number:** \_\_\_\_\_

**Routing Number:** \_\_\_\_\_

**Section 4 - Eligibility Certification & Acknowledgement**

By signing below, I certify that:

- I meet all IRS requirements to contribute to an HSA, including:
  - I am enrolled in a qualified High Deductible Health Plan (HDHP).
  - I am **not** covered by any non-HDHP medical plan (including a spouse's plan).
  - I am **not** enrolled in Medicare.
  - I am **not** claimed as a dependent on another person's tax return.
- If I am age 55 or older, I understand I may contribute an additional \$1,000 catch-up amount in 2026.
- I understand that my HSA contributions are made pre-tax as allowed by IRS law.
- I authorize my employer to deduct the HSA contribution amount listed above from my paycheck each pay period.
- I acknowledge that the information provided on this form is accurate and complete.
- I understand that I am responsible for ensuring my total annual contributions (employee + employer) do not exceed the annual IRS limits, including the catch-up amount if applicable.

**Employee Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_