HEALTH SAVINGS ACCOUNT EMPLOYEE CONTRIBUTION ELECTION FORM

(To be completed and returned to your employer)

Employer Name: __Willmar Public Schools ISD #347___

ACCOUNT OWNER'S NAME AND ADDRESS

_____

Last Name **First Name** **Middle Initial**

_____

Street Address

_____

City **State** **Zip Code**

_____

Social Security No. **Date of Birth** **Daytime Phone** **Evening Phone**

CONTRIBUTIONS

☐ I wish to contribute $_____to my HSA account each pay period on a pre-tax basis.
I understand this amount will be deducted from my paycheck until **December 31, 2027**.

☐ I wish to make a single contribution of $_____to my HSA account on a pre-tax basis.
I understand this will be deducted from my paycheck one time only for the tax year _____.

☐ I wish to discontinue my HSA contributions.

SIGNATURE

It is my responsibility 1) to determine whether I am eligible to make contributions to my HSA;
And 2) to determine whether contributions to this HSA have exceeded the applicable maximum annual contribution limit.

_____ _____

Account Owner Date