



410 South Commercial Street • Neenah, WI 54956 • Tel: (920) 751-6800 • Fax: (920) 751-6809

HEALTH SAVINGS ACCOUNT (HSA) PAYROLL DEDUCTION AUTHORIZATION

This form authorizes a deduction from your payroll to be automatically contributed to your Health Savings Account. Unless otherwise indicated on this form, your elected contribution will be deducted over 24 (year round) or 20 (school year) payroll deductions. After completing this form, make a copy for your records and return the original to the Benefits Department. If you have any questions, please contact the Benefits Department via email rebecca.frakes@neenah.k12.wi.us or by phone at (920) 751-6800 ext. 10108.

Per the IRS, the 2025 contribution limit for a single plan is \$4,300 and for a family plan is \$8,550. If you are over age 55, you can contribute an additional \$1,000. The District contribution does apply to your annual maximum.

I would like to:

- ☐ Establish First Payroll Deduction
- ☐ Make a One-Time Stipend Contribution (Established Contribution Amount + Stipend Contribution)
- ☐ Make a One-Time Contribution
- ☐ Change Payroll Deduction
- ☐ Terminate Payroll Deduction

Effective Date of Establishment, Change or Termination of Payroll Deduction: _____

TOTAL Per Pay Period Payroll Deduction Amount: \$ _____

(Your form must be received no less than ten (10) days prior to the payroll you wish to start your deduction.)

Employee Name: _____

Employee Address: _____

Employee Last 4 digits of Social Security # _____ Date of Birth: _____

Plan Year: 1/1/2025-12/31/2025

First Payroll Deduction Date for Employee Contribution: _____

Last Payroll Deduction Date for Employee Contribution: _____

(Leave this blank if you'd like the deduction to keep going)

For One-Time Changes or Stipend Contributions Only:

☐ After this contribution, return to regular contribution of \$ _____ on (date) _____

Employee Signature: _____ Date Completed: _____