



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. 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 jennifer.carstens@neenah.k12.wi.us or by phone at (920) 751-6800 ext. 10108.

Please note that the Neenah Joint School District cannot make employer contributions to your HSA account without your Associated Bank HSA Account Number. If you should elect NOT to contribute to your HSA, you still have to establish an account with Associated Bank.

Please complete and return this form to the Payroll or Benefits Department.

Establish First Payroll Deduction Change Payroll Deduction Terminate Payroll Deduction

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

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.)

The 2017 annual maximum contributions limit for a single plan is \$3,400 and for a family plan is \$6,750. If you are over age 55, you can contribute an additional \$1,000. The District contribution does apply to your annual maximum.

Your annual contribution will be deducted over 24 (year round) or 20 (school year) payroll deductions.

Employee Name: _____

Employee Address: _____

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

Plan Year: _____

First Payroll Deduction Date for Employee Contribution: _____

Last Payroll Deduction Date for Employee Contribution: _____

Employee Signature: _____ Date Completed: _____