



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

- | | |
|------------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Establish First Payroll Deduction | <input type="checkbox"/> One-Time Stipend Contribution |
| <input type="checkbox"/> Change Payroll Deduction | <input type="checkbox"/> 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.)

Per the IRS, the 2019 contribution limit for a single plan is \$3,500 and for a family plan is \$7,000. 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: 2019

First Payroll Deduction Date for Employee Contribution: _____

Last Payroll Deduction Date for Employee Contribution: _____

Employee Signature: _____ Date Completed: _____