



2017-2018 Health Savings Account Enrollment Form

Employee Name _____

Please note: You must provide your 8-digit HSA account number to the Business Office in order for the district to be able to disperse the contribution to your account

Please check the bank you want your Health Savings Account contributions made to:

HSA BANK (In addition to this form, please go online to register at:
https://secure.hsabank.com/group_enrollment/enrollment.aspx?id=936000669)

High Deductible Health Plan (HDHP) Coverage Level: Family: ____ or Individual: ____

1. Please enter the amount you would like deducted pre-tax from your monthly pay and contributed to your Health Savings Account:

\$ _____

2. If you are a full-time licensed/administrative or classified (6.5+ hrs per day with one full year of employment with the District) employee, please enter \$50 for your employer paid monthly contribution:

\$ _____

= TOTAL MONTHLY CONTRIBUTION TO HSA (line 1 + line 2) \$ _____ *

*The 2017-2018 maximum HSA contribution for single employees is \$3,400 per year which works out to \$283.33 per month if your pay is spread over 12 checks or \$340 per month if your pay is spread over 10 checks. The 2017-18 maximum HSA contribution for couples and families is \$6,750 per year which works out to \$562.50 per month if your pay is spread over 12 checks or \$675 per month if your pay is spread over 10 checks. 12 month employees will have 12 monthly contributions to their HSA account. 10 month employees will have 10 monthly contributions to their HSA account.

Employee Signature

Date