



## 2019-2020 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**

If you have not done so, please go online to register for your account at:  
[https://secure.hsabank.com/group\\_enrollment/enrollment.aspx?id=936000669](https://secure.hsabank.com/group_enrollment/enrollment.aspx?id=936000669)

High Deductible Health Plan (HDHP) Coverage Level:	Family: ____	or Individual: ____
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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 2019 maximum HSA contribution for single employees is \$3,500 per year which works out to \$291.67 per month if your pay is spread over 12 checks or \$350 per month if your pay is spread over 10 checks. The 2019 maximum HSA contribution for couples and families is \$7,000 per year which works out to \$583.33 per month if your pay is spread over 12 checks or \$700 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. **Please remember to factor in the district contribution to your annual maximum.**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date