



2024-2025 Health Savings Account Enrollment Form

Employee Name _____

8 or 12 Digit HSA Account # _____

Please note: You must provide your 8 or 12-digit HSA account number in order for the district to be able to disperse the contribution to your account. **Your account number is NOT your HSA debit card number.**

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

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 2024 maximum HSA contribution for single employees is \$4,150 per calendar year. The 2024 maximum HSA contribution for couples and families is \$8,300 per calendar year. Classified 10 month employees will have 10 monthly contributions to their HSA account. Please remember to factor in the district contribution to your annual maximum when calculating the amount you wish to have withheld from each check.

Employee Signature

Date

Please return this form to Amanda Hill in the Business Office.