



BIGELOW | READING | RUSHMORE | WILMONT

-INDEPENDENT-
SCHOOL DISTRICT **518**

WORTHINGTON, MN

1117 Marine Ave | Worthington, MN 56187

(507) 372-2172 | Phone

(507) 372-2174 | Fax

www.isd518.net

HSA ELECTION FORM

Account Owner's Name: _____

Employee ID Number: _____ Phone Number: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Are you currently enrolled or will you be enrolling in Medicare or Tricare? Yes No

Contribution Type

- I wish to contribute \$_____ to my HSA account each pay period on a pre-tax basis. I understand this amount will be deducted from my paycheck until I indicate otherwise, or the end of the fiscal year.
- I wish to make a single contribution of \$_____ to my HSA account on my ___/___/_____ pay check. I understand this is a one time only deduction unless I fill out a new form.
- I wish to Discontinue any election to my HSA account. If I wish to have a deduction reinstated, I will fill out a new Election Form.

- All deductions above are based on a pre-tax basis unless I (the employee) request otherwise.

SIGNATURE

It is my responsibility 1) to determine whether I am eligible to make contributions to my HSA; and 2) to determine whether contributions to this HSA have exceeded the applicable maximum annual contribution limit. I also understand it is my responsibility to monitor my yearly contributions both my election and the District Contribution to the IRS limits. Any amount over the limit I understand I am responsible for the tax consequences.

I understand my elections need to be turned into the District Office by the Payroll deadlines. If it is after the date, it will be effective on the next pay period.

Account Owner

Date

District Office Use Only: Entered by: _____ Payroll Effective: _____
Date Stamped / Rec'd in District Office: