

Community High School District 155
Health Savings Account Payroll Deduction Authorization

I hereby authorize Community High School District 155 to make deductions from my salary on a pre-tax basis and deposit the funds into my Health Savings Account.

Name (print): _____

HSA Account Number: _____

Frequency of deductions: Each paycheck ☐
One time ☐ on _____ (date)

Amount of deductions: Each paycheck _____ (amount)

One time _____ (amount)

I understand that all contributions to my Health Savings Account are subject to legislative maximums that include my contributions as well as any contributions made by my employer. Overfunding of my Health Savings Account may result in additional income tax liabilities as well as penalties. It is my responsibility to monitor the deposits into my HSA account and maintain the appropriate records regarding distributions from the account to satisfy the IRS if necessary.

Signature

Date