MESSA ABC PLANS HEALTH SAVINGS ACCOUNT (HSA) ELECTION

Owosso Public Schools 2025-2026 HSA ELECTION AMOUNT

You are currently enrolled in a MESSA ABC Plan. The MESSA ABC Plans are high deductible plans eligible for a Health Savings Account (HSA). You have the option to contribute pre-tax dollars through a payroll deduction into your HSA with a 19 pay or 25 pay plan. The last deduction for the 19-pay option in the 2025-2026 school year will be June 5, 2026 (there will be no deductions during the summer months). The last deduction for the 25-pay option in the 2025-2026 school year is August 14, 2026. The maximum annual amounts you may contribute to your HSA effective January 1, 2025 are: individual - \$4,300 and Family - \$8,550. Effective January 1, 2026 limitations are: individual - \$4,400 and Family - \$8,750.

PLEASE NOTE: YOU DO NOT HAVE TO CONTRIBUTE TO YOUR HSA.

IF YOU DO NOT RETURN THIS FORM WITH YOUR OPEN ENROLLMENT MATERIALS

ANY PREVIOUS PAYROLL DEDUCTION AMOUNT TO YOUR HEALTH SAVINGS

ACCOUNT (HSA) WILL REMAIN THE SAME.

Please indicate your election below to be spread out over 19 or 25 pays and list the amount you wish to contribute to your HSA each payroll.

| PER PAY OPTION | | | | | |
|---|--|--|--|--|--|
| 19-pay (September 12, 2025-June 5, 2026) or | 25-pay (September 12, 2025-August 14, 2026) | | | | |
| | | | | | |
| 19 or 25 Pay Option (please circle one) | Deduction Amount per Pay | | | | |
| Circle one: 19 pay or 25 pay | | | | | |

I understand that:

- 1. If I have elected my contribution to be taken out before tax, changes in the cafeteria plan elections can only be made at the end of the plan year unless there is a valid status change (e.g. change in legal marital status; change in number of dependents; change in employment status; dependent satisfies or ceases to satisfy dependent eligibility requirements; residence change, cost or coverage changes) and such other events as would permit a revocation or change of election under IRC 125 regulations. Participation in this plan will automatically cease upon termination of employment. In most cases no change may be made in the Health Savings Account except for termination of participation of employment.
- 2. Execution of this benefit election/salary reduction agreement does not automatically institute insurance coverage; in most instances an application for insurance must be completed.

| Date: | e: Employee Signature: | | | Print Name: | |
|--------------------------------------|------------------------|------|-------------|-------------|------|
| Payroll Use Only Added to Schools | | Date | HSA Enrolln | nent | Date |