

Huron Intermediate School District

Authorization to Withhold or Stop Payroll for Health Savings Account (H.S.A.) Deposit

Employee Name: _____

Effective Date: _____

Per Pay Deduction Amount: _____

- Changing deduction amount
- NEW elected deduction
- Stop Deduction: _____

Your elected deduction will begin or stop with the next payroll after your effective date listed above, if this form is received by the finance office five days prior to the payroll date.

If you decide to change the amount of this deduction or terminate this deduction, please also complete this form and turn it into the finance office.

H.S.A. Contributions are deducted the 1st and 2nd pays of each month.

I, _____ understand that it is my responsibility to ensure that I do not contribute more than the annual H.S.A. contribution cap.

Signed

Date

H.S.A Contribution Cap – 2024

\$ 4,150 / Single

\$ 8,300 / 2-Person/Family

If you're 55 or older, you can contribute an extra \$1,000 under the catch-up provisions.

H.S.A Contribution Cap – 2025

\$ 4,300 / Single

\$ 8,550 / 2-Person/Family