



Health Savings Account Employee Election and VEBA Employer Contribution
(To be completed and returned to your employer)

Employer name: Jackson County Central Schools

Account owner's name and address

Last Name First Name Middle Initial

Street Address

City State Zip Code

Social Security No. Date of Birth Employee #

Employee contributions

- 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.
- I wish to make a single contribution of \$_____ to my HSA account on a pre-tax basis. I understand this will be deducted from my paycheck one time only for the tax year _____.
- I will not be contributing to an HSA at this time.

Employer contributions

- I wish 100% of the contribution from my employer to be deposited into my VEBA
- I wish 100% of the contribution from the my employer to be deposited into my HSA
- I wish the contribution from my employer to be split between my VEBA and HSA 50% / 50%

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.

Account Owner

Date