# HEALTH SAVINGS ACCOUNT PAYROLL DEDUCTION FORM
## Stafford Public Schools Fiscal Year 2023-2024

Use this form to authorize pretax deductions from your paycheck to be automatically contributed to your Health Savings Account. After completing Sections 1 and 2 **make a copy for your records** and give the original form to your Human Resources/Payroll Manager.

Staff members declining to make additional contributions should complete section 1, enter $0.00 in section 2, sign and return the form. If you have any questions when completing this form, please contact the Human Resources Department at (860) 684 2208, Ext 21009, or payroll at ext 21007.

### *1. ACCOUNT HOLDER INFORMATION*

**Employee's First Name** **MI** **Last Name**

**Street Address or P.O. Box**

**City** **State** **Zip Code**

### *2. PAYROLL DEDUCTION*

**$ .**

**Per Pay Period**
**Amount of Deduction**

I understand that in order for my employer to contribute to a health savings account (HSA) on my behalf, I must meet all of the following HSA eligibility conditions.

1. I have self-only or family coverage under the Employer Group Health Plan, which I understand qualifies as a high deductible health plan (HDHP) under Code § 223 (c)(2).
2. I cannot be claimed as another person's tax dependent.
3. I am not entitled to and receiving Medicare, Tri-Care or VA Benefits (including covered spouse).
4. I am not covered by my spouse or domestic partner's non-HDHP, general purpose flexible spending arrangement (Health FSA) or a general purpose health reimbursement arrangement (HRA).
5. I understand that contributions to my HSA cannot exceed IRS maximum contribution guidelines. (Additional information available at www.irs.gov)

**Employee HSA Account #_____(for direct deposit)**

**Bank Name _____ Routing#_____**

**Employee Signature _____ Date _____**