

# Employee H.S.A. Deduction Form:

Return completed form to:

Attention: John Bungart

Email Address: [john.bungart@mayvilleschools.org](mailto:john.bungart@mayvilleschools.org)

## Employee Information:

Employee Name: \_\_\_\_\_ Phone: \_\_\_\_\_

\*Name of Bank or H.S.A. Provider: \_\_\_\_\_

Routing No.: \_\_\_\_\_ H.S.A. Account No.: \_\_\_\_\_

Effective Date: \_\_\_\_\_

\*H.S.A. contribution cannot be deposited into your normal checking or savings account. An H.S.A. specific account must be established through your credit union, bank or Health Equity account (if applicable).

## Contribution Limits for 2026

Self-only \$4,400

Family: \$8,750

\*Catch-up contribution (Age 55+): additional \$1,000/year

## Authorization:

\_\_\_\_\_ I want to START contributing \$\_\_\_\_\_ per pay period to my Health Savings Account.

\_\_\_\_\_ I want to CHANGE my contribution to my Health Savings Account to \$\_\_\_\_\_ per pay period.

\_\_\_\_\_ I want to STOP my contribution to my Health Savings Account.

Additional instructions or notes (start/stop dates, etc.):

I hereby authorize the above payroll deduction (if any) as my contribution to my employer's Section 125 Cafeteria Plan. I understand that I may not amend or revoke a Salary Reduction Agreement on or after the first day of the plan Year unless it is a "permitted election change". For special rules affecting your plan, please contact your employer. FICA taxes are not paid on a Section 125 salary reduction. Therefore, your social security benefits at retirement may be reduced. Execution of a benefit election/salary reduction agreement does not automatically institute insurance coverage; in most instances an application for insurance must be completed.

**THIS AUTHORIZATION REPLACES ANY PREVIOUS AUTHORIZATION I HAVE MADE.**

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_