

Springfield School District

HEALTH SAVINGS ACCOUNT (HSA) PRE-TAX SALARY REDUCTION ELECTION FORM

First Name	MI	Last Name									
Social Security #	<table border="1"><tr><td>X</td><td>X</td><td>X</td></tr></table>	X	X	X	- <table border="1"><tr><td>X</td><td>X</td></tr></table> - <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>	X	X				
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I understand that if I meet the eligibility standards as defined by the IRS, I may elect to make pre-tax contributions to my HSA through payroll reductions. These pre-tax contributions are available under my employer's Section 125 Plan. **I will notify Human Resources if I make contributions to my Health Savings Account outside of payroll deductions.**

IRS 2025 Maximum Contribution

Single \$4,300.00

Family \$8,550.00

IRS 2025 **Age 55+** Maximum Contribution

Single \$5,300.00

Family \$9,550.00

Your payroll contributions for 2025 will be those deducted from January 1, 2025, through December 31, 2025. This form must be completed each calendar year to continue your contributions. We do not deduct contributions in July (2 pays) and August (2 pays).

Your Withdrawal Election for Calendar Year 2025:

Contribution per Pay: \$ _____ **X 20 Pays = Annual contribution** \$ _____

Note: When calculating your deduction per pay, refer to the **2025 Maximum HSA Contribution** allowed by the IRS (shown above) to ensure you do not exceed the 2025 maximum annual contribution limit. Any contributions made outside of payroll deductions also count toward the maximum annual contribution.

For a full calendar year (January to December), contributions are deducted from **20 pays**. We do not deduct contributions in July (2 pays) and August (2 pays).

I understand that my election will be made with pre-tax salary reductions and that due to the pre-tax reduction, this will produce a minimal reduction to my compensation for Social Security benefit purposes. I know that I must maintain the HSA eligibility requirements for the current benefit period to remain eligible to receive and make contributions to my Health Savings Account. I will notify Human Resources if I make contributions to my Health Savings Account outside of payroll deductions. **I will also notify Human Resources prior to enrolling in Medicare, so HSA contributions can be ended 6 months prior to Medicare enrollment.**

I understand that it is my responsibility to confirm that I maintain HSA eligibility and to ensure I do not exceed the 2025 maximum annual contributions limit being deposited into my Health Savings Account.

NOTE: Payroll contributions that are taken from your pay after January 1, 2025, will be credited towards your 2025 Maximum Contribution Level.

Employee Signature

Date

PLEASE SEND THIS COMPLETED FORM TO:

Heather Dooley-Henry, HR Benefits Specialist, heather.dooleyhenry@ssdcougars.org