

# Springfield School District

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

First Name	MI	Last Name
Social Security #	X X X	X X

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 2026 Maximum Contribution

**Single** \$4,400.00

**Family** \$8,750.00

### IRS 2026 **Age 55+** Maximum Contribution

**Single** \$5,400.00

**Family** \$9,750.00

Your payroll contributions for 2026 will be those deducted from January 1, 2026, through December 31, 2026. 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 2026:

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

Note: When calculating your deduction per pay, refer to the **2026 Maximum HSA Contribution** allowed by the IRS (shown above) to ensure you do not exceed the 2026 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 2026 maximum annual contributions limit being deposited into my Health Savings Account.***

**NOTE:** Payroll contributions that are taken from your pay after January 1, 2026, will be credited towards your 2026 Maximum Contribution Level.

Employee Signature

Date

**PLEASE SEND THIS COMPLETED FORM TO:**

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

# Springfield School District

## Health Savings Account Eligibility

First Name	MI	Last Name
Social Security #	X X X - X X -	

**This form is to determine your eligibility for enrollment in a Health Savings Account. Based on the eligibility requirements for a Health Savings Account please check the appropriate box below, sign and date your form and return it to the Human Resources Department.**

The following requirements must be satisfied to be eligible to establish a Health Savings Account (HSA) when you enroll in the District's health plan with Health Savings Account:

- I am or will be enrolled in HD-HC (District's health plan).
- I am not enrolled as a dependent in a non-qualified high deductible health plan, which means I can only be enrolled as a dependent in a health plan that offers a Health Savings Account.
- I am not enrolled in Medicare (Including active employees enrolled in Medicare Part A)
- I am not enrolled in TriCare.
- I am not claimed as a dependent on another person's tax return.
- Neither I nor my spouse will be enrolled in a Medical Flexible Savings Account (FSA) or Health Reimbursement Account/Arrangement (HRA) on the effect date of the new health plan with the Health Savings Account.

I am eligible, as defined by the IRS, to enroll in a Health Savings Account.

I am **not eligible**, as defined by the IRS, to be enrolled in a Health Savings Account.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date