

SCHOOL DISTRICT OF SPRING VALLEY
Salary Reduction Agreement for Pre-Tax Benefit
Health Savings Account (HSA)

04-25-2024

PLAN YEAR – July 1, 2024 – June 30, 2025

By my signature below, I certify that I am not covered under any other plan that would disqualify me from opening or contributing to an HSA (such as a traditional FSA, HRA, Medicare or VA benefits), nor am I claimed as a dependent on another person's tax return.

DISTRICT HSA CONTRIBUTION: \$900 SINGLE or \$1800 FAMILY

Name		
Name of Financial Institution	Routing Number	Account Number

HSA Authorization: I elect to contribute to my HSA with a pre-tax salary reduction as indicated, and authorize the District to make electronic deposits into my HSA at the financial institution listed above and, if necessary, reverse any deposits made to my account in error (maximum of \$4,150 for self or \$8,300 for family in 2024; Additional \$1,000 if age 55+):

- Salary reduction for HSA**
I authorize a salary reduction of \$ _____ per pay period. *No deductions in December
- One-time Salary reduction for HSA**
I authorize a one-time salary reduction of \$ _____. *No deductions in December
- Zero additional dollars. Only the District HSA contribution will be deposited into my HSA.**

Acknowledgment, acceptance, and signature

I understand and accept the following terms and conditions:

- This election can only be changed for future payroll periods and with proper notice to my employer. I understand my social security benefits may be affected by my participation in this plan.
- Prorating rules may apply to contribution amounts if I have a mid-year health plan enrollment, termination, or change in coverage.
- It is my responsibility to ensure that any contributions to my Health Savings Account comply with IRS regulations.

I understand that this authorization will remain in effect until I complete and submit a new authorization form to the District office.

Employee Signature

Date