SWEETWATER COUNTY SCHOOL DISTRICT #1

OPTUM Bank®

HEALTH SAVINGS ACCOUNT PAYROLL ELECTION FORM

EMPLOYEE NAME	SOCIAL SECURITY NUMBER
ADDRESS	CITY, STATE ZIP CODE
DOB	POSITION

☐ **ORIGINAL AGREEMENT**

Based on your estimates, elect the amount you wish to contribute to your **Health Savings Account** this year.

☐ Equal amounts of $_____ per pay period beginning the _____, 20___ pay period.

The IRS has established annual limits that can be contributed to a Health Savings Account.

* **NOTE:** Since your contribution limits are specific to your circumstances, we recommend you contact your Tax Advisor to verify your contribution limits.

☐ **AMENDMENT**

☐ Increase from $_____ per pay period to $_____ beginning the _____, 20___ pay period

☐ Decrease from $_____per pay period to $ _____ beginning the _____, 20___pay period

Effective Date of Change _____, 20_____

I authorize the reduction of my salary on per paycheck basis, by the amount designated above.

I understand that funds that are deducted from my pay and not used for eligible health care expenses incurred after my HSA account was established will be **taxable** in accordance with IRS regulations, and it is solely my responsibility to report these funds to the IRS.

_____

Signature Date