

Orange Board of Education

HEALTH SAVINGS ACCOUNT (HSA)

2024 PAYROLL DEDUCTION AND AUTHORIZATION FORM

- This form authorizes the Orange Board of Education to deduct contributions twice per month from your paycheck, and deposit those contributions directly to your Health Savings Account.
- You must use this form to authorize bi-weekly or one-time lump deductions, or to make a change.
- **For a new account, you MUST provide the Bank Name, Routing and Account numbers in order to process payroll contributions to your HSA.** Please keep a copy of this form for your files.
- Please submit the completed form to Central Office, Attention: ANGELA BOOTH, PAYROLL

HSA Account Holder Information

LAST

FIRST

MI

NAME:

HSA Bank Name: _____

HSA Routing Number: _____

HSA Account Number: _____

YOU CAN NOTATE "ACCOUNT INFO ON FILE" IF ONLY MAKING A CHANGE TO AN EXISTING DEDUCTION

Payroll Deduction

Effective Pay Date ____/____/____ My current policy: Single Two-person Family

PLEASE SELECT ONE OPTION

BI-WEEKLY: I elect to DEDUCT \$_____ from my paycheck to deposit into my HSA account.

LUMP SUM: I elect a ONE-TIME LUMP deduction of \$_____ to deposit into my HSA account.
Include EXISTING bi-weekly deduction of \$_____ with LUMP HSA deduction.

CHANGE: I elect to CHANGE my bi-weekly HSA deduction from \$_____ to \$_____.

STOP: I elect to STOP my HSA payroll deduction of \$_____.

2024 max contribution limits: Individual \$4,150; Family \$8,300; Employees aged 55+ allowed an additional \$1,000 per year.

I hereby authorize the Orange Board of Education, my employer, to deduct the amount(s) above from my paycheck and remit such amount(s) for deposit into my HSA. I understand that the timing of the deduction will be established between the Bank and my employer. If I have authorized bi-weekly deductions, I may terminate that authorization by giving written notice to my employer's payroll department a minimum of five days prior to the next scheduled pay date. I hereby authorize any electronic communication in regards to my HDHP, HSA and payroll deductions.

X

Signature

Date