

**HEALTH SAVINGS ACCOUNT EMPLOYEE CONTRIBUTION  
ELECTION FORM**

(To be completed and returned to PAYROLL)

**EMPLOYER NAME:**     *WILLIAMSPORT AREA SCHOOL DISTRICT*

ACCOUNT OWNER'S NAME AND ADDRESS



Last Name

First Name

Middle Initial



Social Security No.

CONTRIBUTIONS

I wish to contribute \$ \_\_\_\_\_ to my HSA account each pay period on a pre-tax basis. I understand this amount will be deducted from my paycheck until I indicate otherwise. **Does not deduct when there is a 3<sup>rd</sup> pay in the month.**

I wish to make a single contribution of \$ \_\_\_\_\_ to my HSA account on a pre-tax basis. I understand this will be deducted from my paycheck one time only for the tax year \_\_\_\_\_.

SIGNATURE

**It is my responsibility:**

**1) to determine whether I am eligible to make contributions to my HSA.**

**2) to determine whether contributions to this HSA will exceed the applicable maximum annual contribution limit.**



ACCOUNT OWNER

DATE