

WARREN WOODS PUBLIC SCHOOLS
MESSA/HEALTH EQUITY
Health Savings Account (HSA)
2025 Payroll Deduction Authorization

**FOR TIMELY PROCESSING, DEDUCTION FORMS MUST BE RECEIVED BY THE BENEFIT COORDINATOR 7
BUSINESS DAYS BEFORE THE PAY DATE.**

Name: _____

Building _____ Work Phone # _____ Home Phone # _____

HSA contribution of \$_____ per pay period indicated below, through pre-tax payroll deductions.

Payroll Deductions to begin pay date: _____ ending pay date: _____

High Deductible Health Plan Effective: **January 1, 2025 – December 31, 2025**

Your Health Savings Account (HSA) funds payment of qualified health care expenses (See IRS Publication 502). To enroll and contribute to this HSA you must meet these criteria:

- ☐ You must be enrolled in the District's qualified high deductible health plan (HDHP).
- ☐ You cannot be covered by another health plan, including Medicare.
- ☐ You cannot simultaneously enroll in a Flexible Spending Account (FSA) plan, except a Limited Plan.
- ☐ You cannot be claimed as a dependent on another individual's tax return.

This form authorizes pre-tax payroll contributions to your HSA. You may also directly fund your HSA from other sources. The amount of all sources of contributions cannot exceed IRS maximums for the calendar year. For 2025, the maximum an individual can contribute is \$4,300 and the maximum a family can contribute is \$8,550. (If you are over the age of 55, you may contribute an extra \$1,000 for catch-up contributions.)

To change and/or revoke the amount of this payroll deduction, you may complete a new Deduction Authorization and submit it to the Human Resources Supervisor. Your payroll contributions will be transmitted following each pay date to your HSA account.

Your HSA account belongs to you and is your financial asset even if you terminate District employment. All HSA administrative fees will be paid out of your account funds.

You will be required to file an IRS Form 8889 with your annual tax return if you have any activity in your HSA during a calendar year. It is your responsibility to maintain all account records necessary for IRS audit purposes. If you utilize HSA funds for participating spouse or dependents, all criteria applies for those dependents as well. The District is not responsible for monitoring your eligibility for participation in an HSA plan. You may want to consult a tax professional for additional guidelines.

I authorize the Warren Woods Public Schools to reduce my pay before taxes for the amount indicated above. I understand the District is not responsible for monitoring my maximum annual HSA contributions, my eligibility to contribute to this account, or the eligibility of any medical expenses reimbursed by this account.

Signature: _____ Date: _____