



# Sisters School District

“Home of the Outlaws”

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## HSA Payroll Deduction Form–ANY BANK/CREDIT UNION

Sisters School District is unable to set up a Health Savings Account on your behalf with any bank or credit union (other than American Fidelity.) You must first visit your bank or credit union, and take this form with you. Please complete the following information and attach a voided check or letter from your bank that includes your new Health Savings Account number. If there is no bank letter or voided check attached, no funds will be deposited into your account. Please return your completed form to Holly Bernhardt in the payroll department.

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

\_\_\_\_ I elect to have only the automatic district monthly contribution to my H.S.A. for the 2024-2025 payroll periods.

\_\_\_\_ I elect to make an additional employee monthly contribution of \$\_\_\_\_\_ for the 2024-2025 payroll periods.



ATTACH VOIDED CHECK OR LETTER FROM YOUR BANK HERE



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Bank information – HEALTH SAVINGS ACCOUNT

DEPOSITORY (BANK) NAME:

\_\_\_\_\_

BRANCH (LOCATION): \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_

BANK ROUTING  
NUMBER \_\_\_\_\_

ACCOUNT  
NUMBER \_\_\_\_\_

I understand I am responsible to monitor the contributions into my Health Savings Account. By signing this form, I authorize my employer to deduct the elected amount from my pay on each pay date. I hereby consent that all personal information and selections made are correct.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

If there is no bank letter or voided check attached to this form, no funds will be deposited into your account

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The annual HSA contribution cannot exceed the statutory IRS contribution maximums listed below. The maximum contribution includes the district’s contribution and the employee’s contribution per calendar year / tax year. Visit the Department Treasury website for more details <http://www.treasury.gov/resource-center/faqs/Taxes/Pages/Health-Savings-Accounts.aspx>

**2024 ANNUAL H.S.A. CONTRIBUTION MAXIMUM:**

- \$4,150 If the account owner (employee) has individual coverage on Moda Plans 6 or 7.
- \$8,300 If the account owner (employee) has more than just themselves covered on Plans 6 or 7.
- \$1,000 additional allowed for participants who are age 55 or older.



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DISCLAIMER: HSAs are personal health savings vehicles rather than group employee benefits. Although your employer has agreed to forward contributions through its payroll system to Optum Bank or American Fidelity it has not specifically endorsed either or any other HSA provider. You are not restricted from moving funds to another HSA, but your employer is not required to forward payroll contributions to another HSA provider. Employers may not impose conditions on the use of HSA funds, make or influence any investment decisions with respect to funds contributed to an HSA, or receive any payment or compensation in connection with an HSA.