



Sisters School District

"Home of the Outlaws"

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 2025-2026 payroll periods.

____ I elect to make an additional employee monthly contribution of \$_____ for the 2025-2026 payroll periods.

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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>

2025 ANNUAL H.S.A. CONTRIBUTION MAXIMUM:

- \$4,300 If the account owner (employee) has individual coverage on Moda Plans 6 or 7.
- \$8,550 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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2026 ANNUAL H.S.A. CONTRIBUTION MAXIMUM:

- \$4,400 If the account owner (employee) has individual coverage on Moda Plans 6 or 7.
- \$8,750 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.

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.