HSA Payroll Deduction Contribution Authorization Form

Only complete this form if you will be contributing to your HSA through payroll deduction effective after January 1, 2027.

Contribution Criteria

You may deduct your HSA contribution on a pre-tax basis through payroll deduction. Contributions to your health savings account are based on the calendar year, January through December. You need to determine how much to deduct from each paycheck based on the number of pay periods remaining in the year at the time you begin your contribution.

Your total 2027 annual contribution must NOT exceed the amount allowable by law $4,500 single/$9,000 family. **When considering your contribution amount be sure to keep in mind HASD's employer contribution**. Please consult with your tax advisor to review your specific circumstances and determine your allowable HSA contribution. If you exceed your allowable annual contribution, you may be subject to IRS tax penalty.

MEDICARE ENROLLED / ELIGIBLE INDIVIDUALS:

PLEASE NOTE: If you are currently enrolled in Medicare or enrolling in Medicare, you may stay enrolled in the High Deductible Health Plan with a Health Savings Account, but are NOT eligible to contribute to your HSA Savings Account or receive contributions from the district.

Authorization

I authorize Hazleton Area School District (HASD) to deduct a one-time payment of $_____ and to deposit my contribution into my health savings account (HSA) on _____(date or dates).

OR

I authorize the Hazleton Area School District (HASD) to deduct $_____ per pay beginning _____ (Date) and to deposit my contributions into my health savings account (HSA).

Please note if you do not receive pay during summer months, this deduction will not be withheld.

☐ I qualify for an additional $1,000 pre-taxed contribution because I am or will be 55 years of age this calendar year. My birth year is _____.

☐ I will not be contributing any amount to my health savings account (HSA) through payroll deductions.

_____ _____

Signature Print Name & Date