

HSA PAYROLL DEDUCTION FORM

Completion of this form authorizes O'Neill Public Schools to make a payroll deduction and transfer the funds into your Health Savings Account. Your deposit will be sent directly to the bank of your choice with proof of deposit appearing on your monthly paycheck notice. Enrollment in the \$3,800 Deductible Health Plan and a HSA are required to process the payroll deduction.

AUTHORIZATION FOR PAYROLL DEDUCTION

**I AUTHORIZE ONEILL PUBLIC SCHOOLS TO MAKE A PAYROLL DEDUCTION
FROM MY PAYCHECK TO MY HSA.**

Employee Information:

(Employee Name - Please Print)

(Daytime Phone #)

(Street / PO Box)

(City)

(State)

(Zip Code +4)

(Employee SSN)

Pre-Tax Payroll Deduction Amount: _____

Note: 2025 Calendar Contribution Limit

Single Coverage: \$4,300

Family Coverage: \$8,550

I UNDERSTAND THIS ELECTION AMOUNT WILL REMAIN IN FORCE UNTIL I CHANGE OR END IT BY COMPLETING A NEW FORM. I FURTHER UNDERSTAND IT IS MY RESPONSIBILITY TO MONITOR MY HSA AND UNDERSTAND THE CALENDAR YEAR LIMITS SET BY THE IRS.

(Employee Signature)

(Date)

***Pre-tax payroll deduction occurs the first payroll cycle after we receive the completed form.**

Please return the form to:

O'Neill Public Schools - Administrative Office

635 N 4th Street

O'Neill, NE 68763

Email: kathymarvin@oneillschools.org Fax: 402-336-4890