**Ellington Board of Education**

**Health Savings Account (HSA)**

**2020 Payroll Deduction Form**

**ELLINGTON EDUCATION ASSOCIATION**

**BALLOON CHECK**

Please complete the employee information below and sign this form authorizing the **optional pre-tax** payroll deduction. The payroll deduction you authorize will be directly deposited into your Health Savings Account (HSA) during the plan year. **This form must be signed and submitted to the Business Office.**

**Employee Information**:

**Name S.S. # (last 4 digits) Date of Birth**

**Address**

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**Employee Authorization**:

 I **AUTHORIZE** the following pre-tax dollars to be deducted from my **BALLOON CHECK IN ADDITION TO MY REGULAR DEDUCTION** and deposited into my HSA account.

**H.S.A. Employee Balloon Check additional Deduction (1 time) \_\_\_\_\_\_\_\_\_\_ Effective Date:6/5/20**

**\*\**Total 2019 Contribution Limits of:***

 ***$3,500 Individual***

 ***$7,000 Family Coverage***

**Employee Name (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Employee Signature Date**