

**Ellington Board of Education  
Health Savings Account (HSA)  
2017 Payroll Deduction Form**

**EESS, CSEA, AFSCME ELECTION FORM**

Please complete the employee information below and sign this form authorizing *or* refusing 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:**

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<b>Name</b>	<b>S.S. # (last 4 digits)</b>	<b>Date of Birth</b>
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**Address**

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<b>School</b>	<b>Home Phone #</b>
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\_\_\_\_\_ **Employee Refusal:** I **DO NOT** wish to have any optional pre-tax dollars taken from my bi-weekly pay and deposited into my HSA plan at this time.

\_\_\_\_\_ **Employee Authorization:** I **AUTHORIZE** the following pre-tax dollars to be deducted from my bi-weekly pay and deposited into my HSA account.

**Health Savings Account Employee Bi-Weekly Deduction \$** \_\_\_\_\_

**Total Deduction Amount per Plan Year \$** \_\_\_\_\_

*Total 2017 Annual Contribution Limits of:*

*\$3,400 Individual (minus BOE contribution of \$1,000)*

*\$6,750 Family Coverage (minus BOE contribution of \$2,000 )*

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

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**Employee Signature**

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**Date**