

**Ellington Board of Education
Health Savings Account (HSA)
2018 Payroll Deduction Form**

**EESS, CSEA, AFSCME, HEALTH STAFF ELECTION FORM
10 MONTH EMPLOYEES**

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:

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

School	Home Phone #
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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.

H.S.A. Employee Bi-Weekly Deduction (19 times) _____ **Effective Date:** _____

Total Deduction per School Year (Bi-weekly amount above x 19) _____

****Total 2018 Contribution Limits of:**

*\$3,450 Individual
\$6,850 Family Coverage*

Employee Name (please print) _____

Employee Signature

Date