



**LOYALSOCK TOWNSHIP
SCHOOL DISTRICT**

2024 – 2025 Health Savings Account Payroll Deduction Form

Name (Please Print) _____
Phone Number

I elect a *biweekly* (24 pays per year) contribution of \$ _____ for the benefit period year July 1, 2024- June 30, 2025. See below for the Max Contribution Amount allowed effective _____.
(effective date)

- HSA holders can choose to save up to \$4,150 for an individual, \$8,300 for a family, and an additional \$1000 for HSA holders 55 and older. The total contribution limit includes your employer contribution if applicable. Employee contributions are 100% tax deductible from gross income.

For more detailed information on HSA plans and taxes, visit the U.S. Department of Treasury website at www.ustreas.gov or talk with your tax advisor.

| Employer Contribution | Total Contribution Limit | 55+ Contribution |
|-----------------------|------------------------------------|------------------|
| Refer to contract | \$4,150 – Individual Coverage Plan | \$1,000 |
| Refer to contract | \$8,300 – Family Coverage Plan | \$1,000 |

By signing this form, I authorize Loyalsock Township School District to deduct, on a pre-tax basis, the elected amount from my bi-weekly pay. I hereby consent that all personal information and selections made are correct.

Signature

Date