



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 \$4,300 for an individual, \$8,550 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	\$4,300 - Individual Coverage	\$1,000
Refer to contract	\$8,550 – Family Coverage	\$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