



Grafton School District

*Preparing Learners for a Dynamic Tomorrow
Every Student ~ Every Day*

HSA Contribution Election Form

Section I: PERSONAL INFORMATION

Name: _____

Address: _____

Section II: HEALTH SAVINGS ACCOUNT CONTRIBUTION

I elect to contribute \$_____ to my HSA each pay period on a pre-tax basis. I understand that this amount will be deducted from my paycheck until I indicate otherwise.

Section III: BANK ACCOUNT INFORMATION

Name of Bank: Port Washington State Bank

Bank Routing Number: 075902227

Bank Account Number: _____

Section IV: AUTHORIZATION

I understand the eligibility requirements for contributions made to my Health Savings Account and state I qualify to make contributions to this account. I assume complete responsibility for:

- Determining my eligibility for an HSA each year a contribution is made.
- Ensuring all contributions made to my account are within the limits set forth by the tax laws
- Any tax consequence of contributions and distributions.

Employee Signature: _____ Date: _____

Return form to District Office – Human Resources * 1900 Washington Street * Grafton WI 53024

2019 Limits

Single Coverage \$3,500 (including District contribution)

Family Coverage \$7,000 (including District contribution)

Catch-up Contribution \$1,000 for participants age 55 or older