



## HEALTH SAVINGS ACCOUNT EMPLOYEE CONTRIBUTION ELECTION FORM

(To be completed and returned to your employer)

Employer Name: **RTR PUBLIC SCHOOLS ISD #2902**

Contribution Year: \_\_\_\_\_

### ACCOUNT OWNER'S NAME AND ADDRESS

\_\_\_\_\_  
Last Name First Name Middle Initial

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
State Zip Code City

\_\_\_\_\_  
Social Security No. Date of Birth Daytime Phone Evening Phone

### CONTRIBUTIONS

I wish to contribute \$\_\_\_\_\_ to my HSA account ***each pay period*** (semi-monthly) on a pre-tax basis. I understand this amount will be deducted from my paycheck until I indicate otherwise.

I wish to make a single contribution of \$\_\_\_\_\_ to my HSA account on a pre-tax basis. I understand this will be deducted from my paycheck one time only for the tax year \_\_\_\_\_.

### SIGNATURE

It is my responsibility 1) to determine whether I am eligible to make contributions to my HSA; And 2) to determine whether contributions to this HSA have exceeded the applicable maximum annual contribution limit.

\_\_\_\_\_  
Account Owner

\_\_\_\_\_  
Date