



## HEALTH SAVINGS ACCOUNT EMPLOYEE CONTRIBUTION ELECTION FORM

( complete and return to Sallie/Business Office)

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

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

### ACCOUNT OWNER'S NAME AND ADDRESS

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

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

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

\_\_\_\_\_  
**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.

### 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