

**HEALTH SAVINGS ACCOUNT PAYROLL DEDUCTION  
AUTHORIZATION  
GIBSONBURG EXEMPTED VILLAGE SCHOOLS**

*All eligible employees who wish to contribute additional money to their Health Savings Account should complete this form and return it to the Treasurer's Office.*

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**Employee Name (Please print):** \_\_\_\_\_

**Name of Bank holding HSA:** \_\_\_\_\_ **Key Bank** \_\_\_\_\_ **or Fremont Fed CU** \_\_\_\_\_

**Routing#:** \_\_\_\_\_ **Account#:** \_\_\_\_\_

**Amount of monthly employee contribution (1<sup>st</sup> & 2<sup>nd</sup> pay):** \$ \_\_\_\_\_

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I affirm that I am enrolled in the Gibsonburg Schools HSA plan, have no other medical coverage and am not participating in a Health Care Flexible Spending Account. I am eligible to open and contribute to a health savings account.

I hereby request and authorize Gibsonburg Schools to deduct from my pay the above identified deduction and to forward it to my health savings account. I understand it is my responsibility to manage my contributions in accordance with federal guidelines based on my eligibility as well as my dependents. I also understand that using my HAS funds for expenses other than those deemed qualified may subject me to tax penalties.

**Maximum HSA Contribution**

Every year the Internal Revenue Service (IRS) set maximum limits for Health Savings Account (HSA's). Failure to observe these limits may result in individual tax penalties. Your bank is required to report HSA contribution information to the IRS. For 2020, the maximum contribution limit is \$3,550 for single and \$7,100 for family.

**Employee's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_