



AUTHORIZATION AGREEMENT FOR HEALTH SAVINGS ACCOUNT (HSA)

Black Hawk Area Special Ed District SEJA #865
Originator of ACH Entries ("Company")

36-2942532
Company's ID

I hereby authorize Black Hawk Area Special Education District SEJA #865, East Moline, Illinois, hereinafter called COMPANY, to initiate payroll (before-tax earnings) credit entries to my designated **HEALTH SAVINGS ACCOUNT (HSA)** at the depository financial institution, hereinafter called DEPOSITORY, named below, and to credit the same to my account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of Federal law governing these authorized ACH transactions.

Depository Name

Branch Name (if applicable)

Depository Street Address

City

State

Zip Code

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Depository Routing Number (9 Digits)

My Account Number at Depository

Title [Name(s)] on the Account: _____

Account is a: Checking Account Savings Account
(Please select one type)

Request: **START** HSA Contributions **CHANGE** HSA Contributions **STOP** HSA Contributions

PER PAYCHECK (before-tax) amount to be deposited in HSA account: \$ _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me of its modification or termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on my written notice.

My Name (Please Print)

Signature

Date

PLEASE STAPLE A VOIDED PERSONAL CHECK TO THIS FORM IF YOU ARE DESIGNATING A CHECKING, NOW, SHARE DRAFT, OR INSURED MONEY MARKET ACCOUNT FOR YOUR **HSA DIRECT DEPOSIT**.

(Please staple "Voided" check here)

Return this completed Authorization to:
Jill Kent - Payroll and Human Resource Specialist
Black Hawk Area Special Education District

EXAMPLES:

Medical Coverage for EMPLOYEE ONLY -

<u>Months</u>	<u>Contribution Limit Per Month</u>
January	\$283.34
February	\$283.34
March	\$283.34
April	\$283.34
May	\$283.34
June	\$283.34
July	\$283.34
August	\$283.34
September	\$283.34
October	\$283.34
November	\$283.34
December	\$283.34
Annual Total	\$3,400.00

Medical Coverage for EMPLOYEE PLUS ONE OR MORE DEPENDENTS -

<u>Months</u>	<u>Contribution Limit Per Month</u>
January	\$562.50
February	\$562.50
March	\$562.50
April	\$562.50
May	\$562.50
June	\$562.50
July	\$562.50
August	\$562.50
September	\$562.50
October	\$562.50
November	\$562.50
December	\$562.50
Annual Total	\$6,750.00

*** HSA Contributors age 55 and older can contribute an extra \$1,000 per year

EMPLOYEE: _____

<u>Months</u>	<u>Contribution Limit Per Month</u>
January	\$
February	\$
March	\$
April	\$
May	\$
June	\$
July	\$
August	\$
September	\$
October	\$
November	\$
December	\$
Annual Total	\$