



**2023 CALENDAR YEAR ELECTION**

**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:

HSA Checking Account

HSA Savings Account

(Please select one type)

Request:

**START**

**DECLINE**

**CHANGE**

**STOP**

**CONTINUE**

**DEDUCTION PER PAY CHECK** \$ \_\_\_\_\_ multiplied by \_\_\_\_\_ **pay checks** equals your

**2023 CALENDAR YEAR ELECTION** \$ \_\_\_\_\_

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 (HSA PLAN NOT PPO PLAN) for EMPLOYEE ONLY -**

<b>Months</b>	<b>Contribution Limit Per Pay Check</b>
January (2 pay checks)	\$160.41
February (2 pay checks)	\$160.41
March (2 pay checks)	\$160.41
April (2 pay checks)	\$160.41
May (2 pay checks)	\$160.41
June (2 pay checks)	\$160.41
July (2 pay checks)	\$160.41
August (2 paychecks)	\$160.41
September (2 pay checks)	\$160.41
October (2 pay checks)	\$160.41
November (2 pay checks)	\$160.41
December (2 pay checks)	\$160.41
<b>2023 ANNUAL CONTRIBUTION LIMIT (24 pay checks)</b>	<b>\$3,850.00</b>

**Medical Coverage (HSA PLAN NOT PPO PLAN) for EMPLOYEE PLUS ONE OR MORE DEPENDENTS -**

<b>Months</b>	<b>Contribution Limit Per Pay Check</b>
January (2 pay checks)	\$322.91
February (2 pay checks)	\$322.91
March (2 pay checks)	\$322.91
April (2 pay checks)	\$322.91
May (2 pay checks)	\$322.91
June (2 pay checks)	\$322.91
July (2 pay checks)	\$322.91
August (2 pay checks)	\$322.91
September (2 pay checks)	\$322.91
October (2 pay checks)	\$322.91
November (2 pay checks)	\$322.91
December (2 pay checks)	\$322.91
<b>2023 ANNUAL CONTRIBUTION LIMIT (24 pay checks)</b>	<b>\$7,750.00</b>

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

**EMPLOYEE:** \_\_\_\_\_

<b>Months</b>	<b>Contribution Per Pay Check</b>
January (2 pay checks)	\$
February (2 pay checks)	\$
March (2 pay checks)	\$
April (2 pay checks)	\$
May (2 pay checks)	\$
June (2 pay checks)	\$
July (2 pay checks)	\$
August (2 pay checks)	\$
September (2 pay checks)	\$
October (2 pay checks)	\$
November (2 pay checks)	\$
December (2 pay checks)	\$
<b>2023 ANNUAL ELECTION (24 pay checks)</b>	<b>\$</b>