



2026 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

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

2026 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:
Baylee Burklund – Human Resource Generalist
Black Hawk Area Special Education District



EXAMPLES:

Medical Coverage (HSA PLAN NOT PPO PLAN) for EMPLOYEE ONLY -

<u>Months</u>	<u>Contribution Limit Per Pay Check</u>
January	(2 paychecks)
February	\$ 183.33
March	\$ 183.33
April	\$ 183.33
May	\$ 183.33
June	\$ 183.33
July	\$ 183.33
August	\$ 183.33
September	\$ 183.33
October	\$ 183.33
November	\$ 183.33
December	\$ 183.33
2026 ANNUAL CONTRIBUTION LIMIT	\$ 4,400.00 (Actual \$4,399.92)

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

<u>Months</u>	<u>Contribution Limit Per Pay Check</u>
January	(2 paychecks)
February	\$ 364.58
March	\$ 364.58
April	\$ 364.58
May	\$ 364.58
June	\$ 364.58
July	\$ 364.58
August	\$ 364.58
September	\$ 364.58
October	\$ 364.58
November	\$ 364.58
December	\$ 364.58
2026 ANNUAL CONTRIBUTION LIMIT	\$ 8,750.00 (Actual \$8,749.92)

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

EMPLOYEE: _____

<u>Months</u>	<u>Elected Contribution Amount Per Pay Check</u>
January	(2 paychecks)
February	\$41.66
March	\$41.66
April	\$41.66
May	\$41.66
June	\$41.66
July	\$41.66
August	\$41.66
September	\$41.66
October	\$41.66
November	\$41.66
December	\$41.66
2026 ANNUAL ELECTED TOTAL	\$1,000.00 (Actual \$999.84)

Employee Signature: _____

Date: _____