



HSA PAYROLL DEDUCTION AGREEMENT

By signing this agreement, I hereby authorize **Merrill Area Public Schools** to initiate deductions from my payroll for the purpose of funding my Health Savings Account (HSA). By signing this, I certify the following:

- The account is designated as a Health Savings Account.
- The account is in my name
- I am enrolling/enrolled in a HDHP with MAPS

_____ **Adding a new HSA** _____ **Updating an Existing HSA**

_____ **Waiving an HSA at this time. (This option available for New hires)**

_____ **Age 54 or less** _____ **Age 55-64** _____ **Over 65**

Payroll effective date/Start date of employment: _____
(You can start or stop an HSA at any time during the year.)

Name: _____

Address, State, & Zip code: _____

Contribution Amount per payroll: \$ _____

HSA Financial institution/Bank name: _____

HSA Bank **Routing** Number

HSA Bank **Account** Number

This authorization is to remain in full force and effective until **Merrill Area Public Schools** has received written notification from me or my termination in such a time and in such a manner as to afford **Merrill Area Public Schools** a reasonable opportunity to act on it.

**Employee's Signature: _____ Date: _____

****** Attach to this form: A letterhead/letter from your Bank that includes:
Your name, Account type, Routing number and account number. ******

2023 Health Savings Accounts Maximum Contributions \$3,850/single & \$7,750/family

2024 Health Savings Accounts Maximum Contributions \$4,150/single & \$8,300/family

Revised 1-29-24