



EASTON, REDDING, AND REGION 9 SCHOOL DISTRICTS

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Health Savings Account – Calendar Year 2023 Payroll Deduction Election Form

An employee enrolled in one of the districts’ High Deductible Health Plans may elect to contribute to his/her Health Savings Account through pre-tax payroll deductions up to the IRS calendar-year maximum limit. The contributions are made by direct deposit to the employee’s HSA as specified by the employee each payroll period and can be changed at any time by submitting a new Health Savings Account Payroll Deduction Election Form to the Central Office Payroll Department. Deductions may occur from every pay period unless you specify a different arrangement. If you elect 26 pays, for example, the deduction will occur over 26 pays. If you elect 21 pays, deductions will occur over 21 pays. However, please be aware that if you are paid for curriculum work or other summer activity, the deduction will also come out of that pay.

Health Savings Account (HSA)

In order to be eligible to make or receive HSA contributions, you must meet the following requirements:

- You must be enrolled in an HSA-qualifying High Deductible Health Plan.
- You cannot be covered by any other health plan (i.e., a spouse’s plan or traditional flexible spending account).
- You cannot be covered by Medicare or military health benefits.
- You cannot be claimed as a dependent on another individual’s tax return.

HSA Contribution Limits and Contribution Calculator:

Coverage Type	IRS Contribution Limit for Calendar Year 2023	Calculation of Your Allowed Contribution
Single	\$3,850	\$3,850 MINUS Employer-paid portion of your deductible
Self and Dependent(s)	\$7,750	\$7,750 MINUS Employer-paid portion of your deductible
	Additional catch-up contribution of \$1,000 permitted for employees age 55 or over	Add catch-up contribution if eligible

Authorization: I authorize the Board of Education to deduct pre-tax payroll contributions to fund my Health Savings Account in the amount of \$_____ per paycheck. I understand this election will commence with the next available payroll period and will not change unless I complete and submit a new Health Savings Account Payroll Deduction Election Form. My signature on this form certifies that I assume responsibility for determining that I am eligible for HSA contributions, and for ensuring contributions to my HSA do not exceed the calendar-year limits set forth by tax law. If my Health Savings Account number is not on file, I will provide it to the Payroll Department in order for these contributions to occur.

Employee Legal Name (please print)

District/School Where Employed

Employee Signature

Date Signed

.....For Office Use Only..... Processed by: _____

Note: A copy of this form will be returned to the employee acknowledging receipt and processing by the ER9 Human Resources Department. Questions? Contact Vicki Cram, Human Resources Manager, at 203-261-2513 or by e-mail at vcram@er9.org.