

Herscher Community Unit School District No. 2

DR. RICHARD S. DECMAN, SUPERINTENDENT
JILL FULTON, SPECIAL SERVICES DIRECTOR
DR. PETE FALK, CURRICULUM DIRECTOR

HSA: Employee Enrollment and Salary Reduction Agreement

Employee Printed Name: _____ Social Security Number: _____

Address: _____
City St Zip

Daytime Phone: _____ Email : _____

Action (check one): ☐ New Election* ☐ Change of Election ☐ Stop Election

**HSA bank account and routing numbers must be provided (as well as proof of account) to Payroll before this agreement can be implemented.*

HSA Contribution Limits for 2025:

Employee Only \$4,300
Family \$8,550





*Catch-up contribution (55+) additional \$1,000 per year.

- ☐ \$ _____ Per pay period beginning with _____ check.
- ☐ \$ _____ As a one-time contribution. Taken from the first check following _____ date.
- ☐ \$ _____ As a catch-up contribution (age 55+; max \$1000) for the tax year 2025.

Plan eligibility and employer contribution limited to your Health Savings Account (HSA) are based on and determined by the effective date of your High Deductible Health Plan (HDHP).

Acknowledgment, Acceptance and Signature

As the employee, I understand that:

-  This agreement will continue until amended or terminated by the employee.
-  This agreement can be amended at any time.
-  I understand I have a duty to review my pay records (pay stub) to confirm the employer properly has implemented my salary reduction election and to inform my employer if I discover any discrepancy between my pay records and this agreement.
-  I am solely responsible for ensuring that my contributions to this account do not exceed the limits specified by the IRS, and that the disbursement of funds contributed to the account is done in accordance with IRS regulations.

Employee's Signature: _____ Date: _____

"Education... The Ultimate Investment."

District Office: 501 North Main Street, PO Box 504, Herscher Illinois 60941-0504
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