



**WAYNE LOCAL SCHOOL DISTRICT  
HEALTH SAVINGS ACCOUNT  
PAYROLL DEDUCTION - CALENDAR YEAR 2024**

Employee Name \_\_\_\_\_

To contribute to a Health Savings Account, you must be enrolled in the Wayne Local Schools High Deductible Health Plan and have completed all enrollment requirements, *including opening an account with an American Fidelity representative or at a Wright Patt Credit Union location.*

<b>IRS CONTRIBUTION LIMITS FOR 2024</b>		
	Under 55	55 or over*
Single	\$4,150	\$5,150
Family	\$8,300	\$9,300
<i>*55 and over are allowed an additional \$1,000 "catch up" contribution</i>		

When calculating your total annual contribution, please note that the Board of Education contribution to your HSA counts towards the limit indicated above. Be sure that the total of your contributions does not exceed the annual IRS limit. If you are covered by an Employee+Kids or Family Plan and your spouse also has a Health Savings account with his/her employer, the total of your account and your spouse's account cannot exceed the IRS limits.

I confirm that I have opened an account with:

American Fidelity

Wright Patt Credit Union - Acct Number(new accts only) \_\_\_\_\_

This is a:

New Election

Deduction Change

Deduction Stop

Effective Date \_\_\_\_\_

Deduct:

\$\_\_\_\_\_ per pay period, for a total of \$\_\_\_\_\_ for the year\*.  
*\*24 regular pay periods in the year*

By signing this form, I am requesting that a payroll deduction be established or modified as indicated above. I certify that I am eligible for an HSA and I understand there are contribution limits set by the IRS that I can contribute to my Health Savings Account and that I may be liable for tax penalties if I exceed such amounts. This form replaces any previous deduction requests.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Submit this form to the Treasurer's office for processing.