



**WAYNE LOCAL SCHOOL DISTRICT  
HEALTH SAVINGS ACCOUNT  
PAYROLL DEDUCTION - CALENDAR YEAR 2026**

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.*

**IRS CONTRIBUTION LIMITS FOR 2026**

	Under 55	55 or over*
Single	\$4,400	\$5,400
Family	\$8,750	\$9,750

*\*55 and over are allowed an additional \$1,000 "catch up" contribution*

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) \_\_\_\_\_

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This is a:

- ☐ New Election    ☐ Deduction Change    ☐ Continuation    ☐ Termination

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

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Deduct: \$\_\_\_\_\_ per pay period, for a total of \$\_\_\_\_\_ for the year\*.

*\*24 regular pay periods in the year*

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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.