



RBBCSC HSA CONTRIBUTION FORM

New Authorization

Change Prior to Authorization

Employee Name: _____

Last 4 digits of SSN: _____

Completion of this form will allow Richland-Bean Blossom Community Schools to deposit "employer" or SCIST Trust contributions to my Health Savings Account. My election of additional "employee" contributions may be listed below with a designated annual amount.

Bank Name: People's State Bank

Transit/ABA Number: 074907414

Health Savings Account Number: _____

(Optional) I wish to contribute the following annual amount to my health savings account. I understand this amount will be divided between 26 pays per year and deducted from my bi-weekly pay.

Elected or New ANNUAL contribution amount: \$ _____

I understand that this authority remains in full force and effect until the employer has received written notification from me to terminate the instructions herein and has a reasonable opportunity to act on it.

Date

Signature