



RBBCSC HSA CONTRIBUTION FORM

New Authorization

Change Prior to Authorization

Employee Name:	Last 4 digits of SSN:
Bank/Transit/ABA Number: People's State Bank - 074907414	HSA Account Number:

Employer contributions will be made in January of each year. No contribution will be made for employees who enroll after January 1 during the year in which they enroll.

EMPLOYER ANNUAL CONTRIBUTIONS BASED ON PLAN ENROLLMENT:

EMPLOYEE ONLY PLAN	\$300
EMPLOYEE/SPOUSE PLAN	\$800
EMPLOYEE/CHILD(REN) PLAN	\$800
FAMILY PLAN	\$800

I wish to contribute to my health savings account as designated below.

Complete at least one option:

EMPLOYEE per pay election amount \$_____

EMPLOYEE annual (Jan-Dec) amount \$_____

2024 HSA CONTRIBUTION LIMITS PER IRS GUIDELINES*	
INDIVIDUALS	\$4150
FAMILIES	\$8300
CATCH-UP CONTRIBUTIONS (AGE 55+)	ADDITIONAL \$1000

* Employer + Employee total contributions cannot exceed these limits.

Completion of this form will allow Richland-Bean Blossom Community Schools to deposit employer and/or employee contributions to my Health Savings Account. 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.

SIGNATURE _____ DATE ____ / ____ / _____