



2024 CLINT ISD/HSA BANK  
HEALTH SAVINGS ACCOUNT  
PAYROLL DEDUCTION AUTHORIZATION

**EMPLOYEE INFORMATION**

Name (Last, First, Mi):	Social Security#: <b>XXX-XX-</b>
Phone #:	Date of Birth:

**HSA ELIGIBILITY REQUIREMENTS**

To be eligible for an HSA, you must meet the following legal requirements:

- Be enrolled in a qualified high deductible health plan ("HDHP") - a health plan that typically offers a higher deductible but a lower premium and provides you with more flexibility in how you use your healthcare dollars  
- TRS-ActiveCare HD and TSHBP High Deductible meets the IRS definition of HDHP for all coverage categories (Employee Only, Employee Spouse, Employee Children and Employee Family)
- **Must Not be enrolled in a health insurance plan other than an HDHP or limited plan**
- Must Not be claimed as a dependent on another person's tax return
- **Must Not be enrolled for benefits under Part A or Part B of Medicare**

**EMPLOYEE HSA ELECTION**

**New** Contribution

**Change** contribution (indicate below the dollar amount that you want to contribute in total by the end of the above calendar year)

Type of Coverage:

Employee Only – Annual Maximum Contribution (\$4,150) \*Additional \$1,000 if over age 55

Employee Plus One or More - Annual Maximum Contribution (\$8,300) \*Additional \$1,000 if over age 55

**NOTE:** The HSA follows a calendar Tax Year for the purposes of maximum contributions. Clint does not oversee or the contribution maximum. **It is the employee's responsibility to ensure that contributions for the 2024 Tax Year do not exceed the annual maximum based on individual circumstances and in accordance with the IRS rules governing a Health Savings Account.**

**EMPLOYEE AUTHORIZATION TO CONTRIBUTE TO HSA (subject to contribution limits)**

DEDUCT - I Authorize Clint ISD to deduct \$\_\_\_\_\_ from my paycheck **monthly**.  
HSA Payroll deductions are taken on a pre-tax basis.

***This authorization will remain in effect until a new authorization is received or until a cancellation notice is submitted.***

STOP the HSA deduction

**HSA ACCOUNT INFORMATION**

Routing Number: -----on file-----	Account Number: ----provided by HSA Bank-----
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**I certify that I am eligible to establish an HSA and that the information I have provided is true and correct. I agree to comply with all laws and regulations governing HSA's and acknowledge that Clint ISD or its affiliates and contractors shall not be liable for any tax or other consequences related to my establishment, funding, or use of the HSA.**

EMPLOYEE SIGNATURE	DATE
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**Please submit the completed form to Employee Benefits. Deductions will be entered for the following payroll cycle as per payroll cut off calendar.**