



# Grafton School District

*Preparing Learners for a Dynamic Tomorrow  
Every Student ~ Every Day*

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## HSA Contribution Election Form

### Section I: PERSONAL INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

### Section II: HEALTH SAVINGS ACCOUNT CONTRIBUTION

I elect to contribute \$\_\_\_\_\_ to my HSA each pay period on a pre-tax basis. I understand that this amount will be deducted from my paycheck until I indicate otherwise.

### Section III: BANK ACCOUNT INFORMATION

Name of Bank: Port Washington State Bank

Bank Routing Number: 075902227

Bank Account Number: \_\_\_\_\_

### Section IV: AUTHORIZATION

I understand the eligibility requirements for contributions made to my Health Savings Account and state I qualify to make contributions to this account. I assume complete responsibility for:

- Determining my eligibility for an HSA each year a contribution is made.
- Ensuring all contributions made to my account are within the limits set forth by the tax laws
- Any tax consequence of contributions and distributions.

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

Return form to District Office – Human Resources \* 1900 Washington Street \* Grafton WI 53024

#### 2020 Limits

Single Coverage \$3,550 (including District contribution)

Family Coverage \$7,100 (including District contribution)

Catch-up Contribution \$1,000 for participants age 55 or older