



**Klamath Falls
City Schools**

100% Graduation Is Our Expectation!

**Health Savings Account (HSA)
2016 Payroll Deduction Authorization**

Name: _____ SSN _____

Location _____ Phone # _____

HSA contribution of \$ _____ **per month** through pre-tax payroll deductions.

Payroll Deductions to begin (month/year) _____

Your Health Savings Account (HSA) funds payment of qualified health care expenses (See IRS Publication 502). To enroll and contribute to this HSA you must meet these criteria:

- You must be enrolled in the District’s qualified high deductible health plan (HDHP).
- You cannot be covered by another health plan, including Medicare.
- You cannot simultaneously enroll in a Flexible Spending Account (FSA) plan.
- You cannot be claimed as a dependent on another individual’s tax return.

This form authorizes pre-tax payroll contributions to your HSA. You may also directly fund your HSA from other sources. The amount of all sources of contributions cannot exceed IRS maximums for the calendar year. For 2016, the maximum an individual can contribute is \$3,350 and the maximum a family can contribute is \$6,750. (If you are over the age of 55, you may contribute an extra \$1,000 for catch-up contributions.)

To change and/or revoke the amount of this payroll deduction, you may complete a new Deduction Authorization and submit it to the payroll department. Your payroll contributions will be transmitted each month to American Fidelity to fund your HSA account.

You will be required to file an IRS Form 8889 with your annual tax return if you have any activity in your HSA during a calendar year. It is your responsibility to maintain all account records necessary for IRS audit purposes. If you utilize HSA funds for participating spouse or dependents, all criteria applies for those dependents as well. The Klamath Falls City Schools is not responsible for monitoring your eligibility for participation in an HSA plan. You may want to consult a tax professional for additional guidelines.

I authorize the Klamath Falls City Schools to reduce my pay before taxes for the amount indicated above. I understand the District is not responsible for monitoring my maximum annual HSA contributions, my eligibility to contribute to this account, or the eligibility of any medical expenses reimbursed by this account.

Signature: _____

Date: _____