

Instructions:

- TUSD will contribute \$75.00 for each of the Benefits Deduction Schedule (20 pays) for full-time employees enrolled in the High Deductible Health Plan (HDHP) employee only coverage. The contribution for full-time employees enrolled in HDHP employee and dependent coverage will be \$100.00.
- Any amount you authorize on this form is in **ADDITION** to the District contribution to your HSA.
- You may authorize either a one-time transaction or a periodic payroll deduction.
- You **must** be enrolled in the High Deductible Health Plan (HDHP) with the Tucson Unified School District in order to contribute to the HSA account.
- Your deduction will begin on the payroll following your submission of this form in accordance with payroll processing schedules for Benefits.
- Keep a copy of this form for your files.
- Submit the completed form to the TUSD Benefits Office (mail, in person, or fax to (520) 225-6181).

☐ **NEW DEDUCTION** ☐ **CHANGE AMOUNT** ☐ **CANCEL DEDUCTION**

Account Holder Information:

Name: (Print) Last First MI Employee ID# Date of Birth

Street Address City State Zip

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Daytime Phone Number Evening Phone Number Email Address

Payroll Deduction

Please check the following that applies:

- ☐ **Lump Sum:** I wish to authorize a **one time** contribution to my HSA in the amount of \$_____
- ☐ **Periodic Deduction:** I wish to authorize a bi-weekly contribution to my HSA in the amount of \$_____

I hereby authorize the Tucson Unified School District to deduct the amount(s) above from my pay and remit such amount(s) for deposit into my HSA. I understand that the timing of deductions will be established by the Tucson Unified School District. If I have authorized periodic deductions, I may terminate that authorization on at least one month's prior written notice to the Benefits office. I understand that all deductions made within the calendar year will be reported for that calendar tax year. I understand it is my responsibility to review the IRS tax rules and how they may affect me. I understand that Wells Fargo will deduct \$3.75 from my account on a monthly basis until I reach a balance of \$5000. I understand that this authorization is only in effect during the Benefits Plan year of my enrollment.

Signature

Print Name

Date

Please note: You may enroll your qualified domestic partner in the HDHP, however, you are not allowed, per IRS code, to make deposits to an HSA for your domestic partner or use your HSA funds for expenses incurred by a domestic partner.

After completing benefit selections, the employee is responsible for making a copy of this form. Please retain the copy for your records.