

**MATAWAN-ABERDEEN REGIONAL SCHOOL DISTRICT
OFFICE OF THE SCHOOL BUSINESS ADMINISTRATOR**

One Crest Way, Aberdeen, New Jersey 07747

Phone: 732-705-4064

Fax: 732-705-4091

**HEALTH SAVINGS ACCOUNT (HSA)
ENROLLMENT**

INSTRUCTIONS

Any employee of the district that is eligible to receive medical benefits and participates in a high deductible plan can voluntarily enroll in a health savings account (HSA) pursuant to IRS rules. The HSA account is employee owned and may be used to deposit funds by the employee or employer towards eligible medical expenses pursuant to IRS rules. The district currently participates in the HSA program offered by Horizon My Way HSA.

To commence deductions into a HSA, please complete the form on the reverse side, and submit in person or via interoffice mail to the Business Office – Payroll. Deductions from the employee's paycheck may take two pay periods to process from the date the form is received and verified by the Business Office.

**HEALTH SAVINGS ACCOUNT (HSA)
ENROLLMENT**

Employee Name: _____

Amount to be deducted per pay: \$ _____

Per pay period amount		Number of pays		Annual election
\$ _____	x	_____	=	\$ _____

Employee HSA bank account number: _____

Employee HSA bank routing number: _____

I hereby acknowledge that I understand the IRS rules pursuant to the participation in a qualified high deductible health plan and the use of a health savings account. I further understand that the IRS publishes an annual contribution maximum, and that the amount I elected above will not exceed the applicable maximum annual contribution limit allowed by law. I hereby acknowledge that I am an authorized signer on the above account. I hereby authorize Matawan-Aberdeen Regional School District to initiate entries, and if necessary, debit entries and adjustments for any transactions posted in error to my account indicated above.

_____	_____	_____
Employee Name	Employee Signature	Date

XXX-XX-_____
Employee SSN (last four digits only)

XX/XX/_____
Employee date of birth (year only)

For office use only

Employee information verified by: _____ Date processed: _____