



**ST. MICHAEL ALBERTVILLE**  
**SCHOOLS**  
**EXCELLENCE IS OUR TRADITION**

**HEALTH SAVINGS ACCOUNT (HSA)  
EMPLOYEE CONTRIBUTION ELECTION FORM**

*(This form must be received by payroll at least 4 business days in advance of date elected below)*

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Initial

Please check one of the following:

I wish to contribute \$\_\_\_\_\_ to my HSA account each pay period on a pre-tax basis.

I understand this amount will be deducted from my paycheck until I indicate otherwise starting:

\_\_\_\_\_  
Month

\_\_\_\_\_  
Day

\_\_\_\_\_  
Year

I wish to make a single contribution of \$\_\_\_\_\_ to my HSA account on a pre-tax basis.

I understand this amount will be deducted from my paycheck one time only on:

\_\_\_\_\_  
Month

\_\_\_\_\_  
Day

\_\_\_\_\_  
Year

It is my responsibility (1) to determine whether I am eligible to make contributions to my HSA and (2) to determine whether contributions to this HSA have exceeded the applicable maximum annual contribution limit.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Return completed form to  
St Michael-Albertville Public Schools District Office  
11343 50<sup>th</sup> St NE  
Albertville MN 55301