



Central Lyon Community School District

HSA Enrollment Form

I, _____, authorize Central Lyon Community School District to initiate credit entries to my Health Savings Account (HSA) with HSA Bank as follows:

- Employee Contribution Amount of _____ being deducted from my payroll per month pretax. The district will submit the contribution to HSA Bank.

(IRS limits apply. The employee can change the contribution amount at any time by submitting a revised form. Changes will be effective the first of the following month after receipt of the form in the business office.)

Important Information

- For tax year 2025, the maximum aggregate annual contribution that an individual can make to an HSA is:
 - 2025 Single Coverage: \$4,300
 - 2025 Family Coverage: \$8,550
 - Catch up contributions: \$1,000 (for individuals 55 or older)
- When considering your contribution amount, be sure to keep in mind the employer contribution, if any
 - For single coverage of the \$4,000 HDHP, the employer contribution was \$2,650/year in 2024
 - For employee + coverage of the \$4,000 HDHP, the employer contribution was \$5,300/year in 2024
- The contribution limits are based on the calendar year, prorated by enrollment month, and negotiated each spring for a 7/1 effective date.

Employee Signature

Date