



MANCHESTER SCHOOL DISTRICT
 SCHOOL ADMINISTRATIVE UNIT NO. 37
 195 McGregor Street, Suite 201
 Manchester, NH 03102
 Telephone: 603.624.6300 • Fax: 603.624.6337

2018-2019 Health Savings Account (HSA) Direct Deposit Form For Existing Account

Employee Name: _____ Employee # _____

Employee Title: _____ Employee DOB _____

School Location: _____

HSA Annual Contribution Limits

Year	HSA Maximum Contribution		Age 55 + Catch-Up Limit
	Self	Family	
2018	\$3,450	\$6,900	\$1,000

Please enter the total annual amount to be deducted pre-tax from your paycheck into your HSA for the plan year through June 30, 2019

\$ _____

Payroll will divide your elected amount equally by your scheduled number of payrolls for the year. The following is the maximum amount you can elect: Single \$1,950.00 and Family \$3,900.00. Members who are 55 years of age or older may contribute an additional \$1,000.00.

Sign

Date

It is the policy of the Manchester Board of School Committee, in its actions, and those of its employees, that there shall be no discrimination on the basis of age, sex, race, color, marital status, physical or mental disability, religious creed, national origin or sexual orientation for employment in, or operation and administration of any program or activity in the Manchester School District.