HSA Salary Deferral Agreement

Important: This Salary Deferral Agreement (SDA) must be completed and returned to the Benefits/Payroll Department.

Payroll Withholding Election

Agreement between:

Employee: _____

Last 4 digits of Social Security Number: _____

HSA Bank Account Number:_____

Employer: Avon Board of Education

You as the Health Savings Account owner determine the amount of your contribution which can be any amount up to the Annual Contribution Maximum. We recommend you carefully assess your potential medical expenses.

My per pay period contribution is $_____

Note: Please see the chart below for the IRS limits. Visit www.irs.gov for additional information.

Signatures

In executing this agreement, I understand the following:

My employer will contribute to the custodial account on my behalf the amount indicated above by which I have reduced my compensation under this agreement (my "per pay period contribution"). This agreement remains in effect until I revoke it, and I may revoke it at any time by providing my employer notice of my revocation. The revocation will be effective as soon as administratively feasible after my employer receives the notice.

I authorize Avon Board of Education to reduce my salary per pay period by the amount designated. I understand that to be eligible for a catch-up contribution I must turn 55 or older this year.

_____

Signature of Employee Date

Year	IRS Total* Annual Contribution Maximums	Catch-up Limit
2023	$3,850* individual $7,750* family	$1,000

*Amount does not include any contribution made by ABOE; please deduct any applicable contributions made by Avon BOE for the calendar year

Date processed:_____By:_____