



Miami East Local School District 2023 Health Savings Account Payroll Deduction Form

I elect to participate in the Miami East Local School District Health Savings Account Plan. I agree to the following:

1. The contribution(s) I authorize to be made through payroll deduction will be made with pre-tax salary reductions.
2. I am solely responsible for not exceeding the annual contribution limits as set forth by the Internal Revenue Service to this account.
3. I am solely responsible that all withdrawals from this account meet Internal Revenue Service guidelines.
4. These salary deductions will be deposited with Park National Bank or its agent(s) and I further authorize the Park National Bank to accept any credit entries indicated by Miami East Local Schools to my account. In the event that Miami East Local Schools deposits funds erroneously into my account, I authorize Miami East Local Schools to debit my account for any amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until Miami East Local Schools has received written notice from me to terminate or modify this agreement. Miami East Local Schools and Park National Bank will terminate or change deductions upon receipt of such notice affording a reasonable opportunity to act on it.

Park National Bank Health Savings Account Number

2023 HSA Maximum Contributions are:

Single - \$3,850.00

Family - \$7,750.00

ALL contributions, employee payroll deductions, employer contributions, AND deposits from external sources (outside of payrolls), CAN NOT total more than the maximum amount!

I want to contribute \$_____ per pay to my HSA account.
(Deductions will only be withheld on the first and second payroll each month)

Please print name: _____

Employee Signature and Date: _____