

**Cape Girardeau Public School District No. 63
Health Savings Account Enrollment Form**

2019 Plan Year Election

Employee Name: _____
(Please print)

The maximum allowable contribution (employer + employee) to a health savings account is:

- ❖ Individual: \$3,500
- ❖ Family: \$7,000

For calendar year 2019, the school district will contribute \$577.68 (\$48.14/per month) to the HSA for those employees enrolled in the HSA Medical Plan.

You have the option to contribute additional funds through pre-tax payroll deductions, but contributions are not mandatory.

Employee contribution:
Each pay period, deposit to my account: \$ _____

AUTHORIZATION AND ACKNOWLEDGEMENT

I authorize my employer to deduct from my earnings any contributions for the coverages I have selected.

SIGNATURE: _____ DATE: _____