



TO: All Employees Eligible for Health Care Benefits

FROM: Treasurer's Office – Payroll Department

Section 1: Summary of Benefits

Please read the attached Summary of Benefits and HSA Contribution Limits information and sign at the bottom of this page acknowledging this statement:

I have received and read the annual Summary of Benefits and HSA Contribution Limits for the insurance coverage at East Holmes Local School District.

Section 2: Spousal Opt-Out Form

Please complete the spousal information:

_____ Spouse's Name

My spouse is : _____ A. An East Holmes Employee (**STOP here: continue to Section 3- HSA**)
_____ B. Employed by _____ (**PROCEED to step 1**)
1. Eligible for employer insurance? _____ YES
_____ NO*

***Documentation from the employer must be provided, if no insurance coverage is available**

Section 3: HSA Payroll Deduction for 2019

For 2019, deductible thresholds are **\$1,875** for a single plan and **\$3,750** for a family plan (includes family, employee/dependent, employee/spouse plans).

	<u>Deductible Plan</u>		<u>IRS Maximum Contribution</u>	
	<u>Single</u>	<u>Family</u>	<u>Single</u>	<u>Family</u>
Deductible:	\$1,875	\$3,750	\$3,500	\$7,000
Divided Equally/26 Pays	\$72.12	\$144.23	\$134.62	\$269.23

Coverage Type: _____ Single _____ Family

_____ Do not make any changes to my current HSA contribution

Withhold the following amount from my bi-weekly paycheck: \$ _____

I am 55 years of age - Withhold this additional amount for catch-up provision each pay period: \$ _____ (up to maximum of \$1,000).

Employee Signature: _____ Date: _____

Employee Name (Please Print): _____