

# Sedalia School District



## HSA Payroll Deduction Authorization

Please Print or Type

Name (Last, First, MI)	Phone Number	Email Address
Street Address	Employee ID(5 Digit)	Date of Hire
City, State, Zip	Date of Birth	

<b>I elect a per pay-period contribution of</b>	<b>\$</b>
<i>This authorization will remain in effect until a new authorization is received.</i>	

I affirm that I am enrolled in the Sedalia School District's HSA Option, have no other medical coverage, and am not participating in a Health Care Flexible Spending Account. I am eligible to open and contribute to a health savings account.

I hereby request and authorize Sedalia School District to deduct from my pay the above-identified deduction and to forward it to my health savings account with United Missouri Bank. I understand it is my responsibility to manage my contributions in accordance with federal guidelines based on my eligibility as well as my dependents. I also understand that using my HSA funds for expenses other than those deemed qualified may subject me to tax penalties.

Employee's Signature: \_\_\_\_\_

Date signed: \_\_\_\_\_

**Fax, e-mail, or mail this form to:**

Phone	660-829-6471
Fax	660-826-1020
Email	myersl@sedalia200.org

Linda Oehrke Myers  
2806 Matthew Drive  
Sedalia, MO 65301