

**Rutland City Schools**  
**2023 Additional Contribution**  
**Health Savings Account**

Name (Last, First, MI)	Date
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Social Security #	Plan Year
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**Contribution to the Health Savings Account**

I elect to contribute to the Health Savings Account for the plan year. This contribution will be pre-tax (saving federal and state income taxes and FICA taxes) and will be in addition to any Employer's contribution made to this Account.

1. Amount to be deducted each pay period: \$ \_\_\_\_\_

2. Number of pay periods in the Plan Year: x 20

3. Total for Plan Year (1 x 2): \$ \_\_\_\_\_

I elect NOT to contribute to the Health Savings Account.

2023 annual contribution limit\*: \$3,850 (employee only) or \$7,750 (employee plus one or family)

**plus \$1,000" catch-up contribution if age 50 or older**

No contributions for employees age 65 or older if participating in Medicare.

\*Limit includes employee and employer contributions

**I have read and understand the "Other Terms and Conditions Statement"  
below before signing**

Employee's Signature:	Date
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**Other Terms and Conditions Statement**

**I understand that** that I am eligible to make contributions to the Health Savings Account under Code Section 223, and the amounts shall be subject to the terms of the Health Savings Account. **My election to participate in the Health Saving Account may be changed once a month during the Plan Year with a two week notice of the change to payroll.**

**This agreement is subject to the terms of the Rutland City Schools Cafeteria Plan, as amended from time to time in effect, shall be governed by and construed in accordance with applicable laws, shall take effect as a sealed instrument under applicable laws, and revokes any prior collection and compensation redirection agreement relating to such plan.**