

HARRISBURG R-VIII SCHOOL DISTRICT

HSA ACCOUNT INFORMATION

Employee Name: _____

Social Security Number: _____

HSA Bank: _____

HSA Account Number: _____

I wish to have the following amount to be deducted monthly from my paycheck as a pre-tax deduction into my Health Savings Account while enrolled in the Lumenos High Deductible Health Plan with Harrisburg R-VIII Schools.

Monthly Deduction Amount: \$_____

Effective Date: _____

Employee Signature: _____

Date Signed: _____

**THE ABOVE AMOUNT WILL BE DEDUCTED PER EMPLOYEE REQUEST.
EMPLOYEE MUST COMPLETE A NEW FORM AND NOTIFY LORI SHULTZ IN
CENTRAL OFFICE FOR REVISIONS TO DEDUCTION AMOUNT.**