MEMO

DATE: June 5, 2025

TO: XXXXXX XXXXX,

If you would like to contribute a monthly amount towards your H.S.A account, please fill in the monthly amount to contribute and the # of months to contribute below. If you don't want to contribute anything, please enter a "0" in the contribution amount. Sign and date the form and return it to the district office as soon as possible, but no later than Friday, September 5th, 2025.

The annual district contribution towards your 2025-26 insurance selections = $_____

Annual cost of your insurance selections (Plan Choice) = $_____

Amount district will contribute to your H.S.A account – (Am Fidelity/Optum) $_____
(District contribution will be paid in a Lump-Sum-Oct. of this calendar year)

Employee Contribution – Monthly amount $_____ X # of months' _____ (Sept.-Dec 2025)

Employee Contribution – Monthly amount $_____ X # of months' _____ (Jan-Aug 2026)

_____ _____
Signature of Depositor Date

Contribution $ amount January 2026 – June 2026 $_____
Plus District contribution on 9/19/2025 $_____
Combined contribution from District and employee maximums:

Maximum that can be contributed in 2025		Maximum that can be contributed in 2026	
Individual – 2025	$4,300.00	Individual – 2026	$4,400.00
Family – 2025	$8,550.00	Family – 2026	$8,750.00
2025 Over 55 annual catch-up	$1,000.00	2026 Over 55 annual catch-up	$1,000.00