

# MANISTEE INTERMEDIATE SCHOOL DISTRICT HEALTH SAVINGS ACCOUNT (HSA) ELECTION FORM CALENDAR YEAR 2016

Name \_\_\_\_\_

Status	2016 Maximum Deposit	2016 Employer Contribution	2016 Maximum Employee Contribution**
Single	\$ 3,350.00	\$	\$ 3,350.00
Family	\$ 6,750.00	\$	\$ 6,750.00

Monthly Deposit Amount: Deductions will be divided between 1 <sup>st</sup> & 2 <sup>nd</sup> pays	\$
Monthly Catch-up Amount* – Age 55 & over: 2016 - \$1,000 Annual Maximum	\$
Total Monthly Employee Deposit Amount: Deductions will be divided between 1 <sup>st</sup> & 2 <sup>nd</sup> pays	\$

Please begin my deductions on \_\_\_\_\_ and end on \_\_\_\_\_.  
(Deductions for tax year 2016 must end by Dec. 31, 2016)

Please deposit to the following HSA Account:

MESSA Health Equity **OR**

Name of Bank	
Routing Number	
HSA Account Number	

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*"Catch-up" contribution is available for eligible individuals who are age 55 or older by the end of their taxable year and are not enrolled in Medicare.

\*\*If contributions are made by the employer in 2016, the maximum employee contribution will be proportionately less.