

**MANISTEE INTERMEDIATE SCHOOL DISTRICT
HEALTH SAVINGS ACCOUNT (HSA) ELECTION FORM
CALENDAR YEAR 2017**

Name _____

Status	2017 Maximum Deposit	2017 Employer Contribution	2017 Maximum Employee Contribution**
Single	\$ 3,400.00	\$	\$ 3,400.00
Family	\$ 6,750.00	\$	\$ 6,750.00

Monthly Deposit Amount: Deductions will be divided between 1 st & 2 nd pays	\$
Monthly Catch-up Amount* – Age 55 & over: 2017 - \$1,000 Annual Maximum	\$
Total Monthly Employee Deposit Amount: Deductions will be divided between 1 st & 2 nd pays	\$

Please begin my deductions on _____ and end on _____.
(Deductions for tax year 2017 must end by Dec. 31, 2017)

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 2017, the maximum employee contribution will be proportionately less.