

Health Savings Account Contribution Election Form

Lafayette School Corporation

Add

Change

Cancel

**Printed Name:** \_\_\_\_\_ **Employee #:** \_\_\_\_\_

**Social Security #:** \_\_\_\_\_

**Per Pay Deposit Amount:** \_\_\_\_\_

**Payroll Start Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please note: IRS maximum deposit amounts for the calendar year

2020 Single Account \$3,550.00

2020 Family Account \$7,100.00

\*The above amounts include the deposit from LSC

2020 Example: Individual \$3,550.00 - \$1,500.00 (LSC) = \$2,050.00 individual can contribute

Individuals 55 or over may deposit an additional amount of \$1000.00 per calendar year.