



Health Savings Account (HSA)
Payroll Deduction Form

I, _____, authorize Cuyahoga Heights Schools to deduct \$_____ per pay period from my payroll, for my Key Bank Health Savings Account (HSA).

Employee Signature: _____

Date: _____

IMPORTANT: The contribution limits for 2024 are \$4,150 for Single coverage and \$8,300 for Family coverage. These are the maximum amounts you can have in your account for 2024. Please note, the CHS Employer Funding for 2024 is:

- \$2,240 for a full-time employee with Single coverage
- \$4,480 for a full-time employee with Family coverage

Your payroll deduction will begin with the first payroll of 2024: 1/12/2024.