



**West Linn-Wilsonville School District**  
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## Health Savings Account Employee Contribution

For the current benefit plan year from the West Linn-Wilsonville School District to my Health Savings Account (HSA), for my **EMPLOYEE contribution**, I elect to:

☐ NOT contribute any additional amount.

☐ contribute to HSA \$ \_\_\_\_\_ / month from my wages.

Effective Date: \_\_\_\_\_ End Date (if applicable): \_\_\_\_\_

### **Important Notes:**

HSA belongs to the employees. Employees are fully responsible to manage and comply with IRS regulations and contribution limits. The WLWV School District does not manage the compliance of the employees to IRS regulations, such as the balance, the usage, or the qualification. For any tax and legal advice, please reach out to your tax and/or legal counsel.

**Return this form to the Payroll & Benefits Team at [PR-BEN@wlww.k12.or.us](mailto:PR-BEN@wlww.k12.or.us) by the Payroll Cutoff.**

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Full Legal Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_