NORTH FORK LOCAL SCHOOL DISTRICT

312 Maple Avenue, P.O. Box 497
Utica, Ohio 43080-0497
740.892.3206

HSA (Health Savings Account)

Financial Institution Name   <u>Park National Bank (044101305)</u>

Account Type   <u>22-CHK</u>

Fixed Amount $_____/pay   Payroll Date _____

— OR —

One-Time Payment $_____   Payroll Date _____

** Maximize contributions including the Additional $1,000.00 for being 55 or older @ the end of the tax year

I hereby authorize the North Fork Local School District, hereinafter referred to as the DISTRICT, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for amounts credited in error to my account or to accounts listed above.

This authority will remain in effect until the DISTRICT has received another Authorization Agreement changing or adding account information noted above. Any changes made by me or my bank regarding my account(s) will be provided to the Treasurer's Office in writing by completing a new Authorization Agreement and filing it with the Treasurer's Office ten (10) working days prior to the effective pay date.

It is **my responsibility**, and mine alone, to manage my HSA. I further understand the amount I or any other person may contribute to my HSA depends on the type of High Deductible Health Plan (HDHP) coverage I have, my age, the date I became an eligible individual, and the date I cease to be an eligible individual.

Printed Name _____

Signature _____   Date _____

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For further information, you may request a hardcopy from your employer or refer to www.irs.gov for the following relevant documents:

     IRS Publication 969: "Health Savings Accounts and Other Tax-Favored Health Plans"
     IRS Publication 502: "Medical and Dental Expenses: Including the Health Coverage Tax Credit"
     Instructions to Form 8889: Health Savings Accounts (HSAs)
     Form 8889: Health Savings Accounts (HSAs)