



ESU 8 Business Office  
 110 W 3<sup>rd</sup> Street  
 PO Box 89  
 Neligh, NE 68756  
[www.esu8.org](http://www.esu8.org)  
[office@esu8ne.org](mailto:office@esu8ne.org)  
 Phone: 402.887.5041, x-1222  
 Fax: 402.887.4604

Dear HSA Participant:

This form is to setup HSA contributions for your plan renewal.

For tax year 2019, the maximum aggregate annual contribution that an individual can make to an HSA is:

- Single Coverage: \$3,500
- Family Coverage: \$7,000
- Catch-up Contributions for Individuals age 55 and older: \$1,000

**Please fill out the form below and return it to your employer.**

- The following link has many great videos and calendars to help you decide how much you want to contribute to your HSA. Click [HERE](#).
- If you have any questions please contact the ESU 8 Business Office.

Company Name:	Educational Service Unit 8
Employee Name:	
Employee Address:	
Employee SSN:	
Employee Phone:	
Employee Email:	
Employee Birthdate:	
Medical Coverage (Single or Family):	
Medical Coverage Effective Date:	
Employee Annual Contribution:	
<ul style="list-style-type: none"> <li>• <i>This is your annual payroll deduction to contribute to your HSA</i></li> <li>• <i>Your deduction will be divided equally over the number of pay periods during the school year</i></li> </ul>	
Employee Pinnacle Bank HSA Account #	

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

----- TO BE COMPLETED BY EMPLOYER -----

Employee Contribution Payroll Frequency: (weekly, bi-weekly, semi-monthly, monthly, annually)	Monthly
--	---------