Lapeer Community Schools

Employee Health Savings Account (H.S.A.) Contribution Authorization Change Form

Your MESSA ABC plan allows for you to add, change or stop your Health Savings Account (H.S.A) contribution on a per pay basis each calendar year. If you are interested in making a change to your Health Savings Account (H.S.A.) in the next allowable pay period, please complete this from and forward it to **BENEFITS DEPARTMENT ATTN: KRISTA TREVITHICK IN AN INNER OFFICE ENVELOPE MARKED CONFIDENTIAL OR HAND DELIVER TO ASC**.

Please indicate your H.S.A. employee contributions change on a per pay basis for the pay period listed below:

Amount _____ ☐ New ☐ Change ☐ Cancellation _____ Effective Pay Date

I authorize Lapeer Community Schools to deposit my contribution amount automatically to my designated H.S.A. account each pay period beginning with the date indicated above. I understand that this H.S.A. contribution change is irrevocable and cannot be stopped or adjusted until I request another change.

_____ _____

Employee Signature *Date*

_____ _____

Employee # / H.S.A. Account # *Please Print Employee Name and Daytime telephone Number*

Please note:
Maximum Contribution for H.S.A. for 2026 calendar year is $4,400/Single or $8,750/Family
Catch up Contribution: For those age 55 or older a contribution up to an additional $1,000 is allowable

All questions and/or changes regarding H.S.A. contributions should be forwarded to the Benefits Departments: Attn: Krista Trevithick