

MONROE COUNTY INTERMEDIATE SCHOOL DISTRICT

ANNUAL ELECTION OF HEALTH SAVINGS ACCOUNT PREFUND 24-PAY EMPLOYEES (EXCLUDES HEAD START AND GSRP EMPLOYEES)

OPEN ENROLLMENT

Name:_____ Date:____

I **elect** to have Monroe County Intermediate School District prefund my Health Savings Account on the first business day in January 2024. The amount to be prefunded for the year totals \$1.600.00.

- I understand that if I have selected 24 pays, I will be deducted \$66.67 each payroll January December to repay this amount back to the ISD (\$66.68 for 23 pays and \$66.59 for 1 pay).
- I understand that if I have selected 20 pays* I will be deducted \$80.00 each payroll (20 pays January – June and September – December) to repay this amount back to the ISD.

I further acknowledge that if I leave the employment of Monroe County Intermediate School District before December 31, 2024, I authorize the balance due to be deducted from my final payroll check. If my final check doesn't cover the balance due, I agree that I will reimburse the ISD by personal check before my final workday.

Signature:_____

Please return this form to: Janel Faber – Human Resources Janel.faber@monroeisd.us

*Only MCIEA employees have the option to select 20 pays for their contract payment.