



**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 2025. The amount to be prefunded for the year totals \$1,650.00.

- I understand that if I have selected 24 pays, I will be deducted \$68.75 each payroll January – December to repay this amount back to the ISD.
- I understand that if I have selected 20 pays\* I will be deducted \$82.50 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, 2025, 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](mailto:Janel.faber@monroeisd.us)

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