



# MONROE COUNTY INTERMEDIATE SCHOOL DISTRICT

## ANNUAL ELECTION OF HEALTH SAVINGS ACCOUNT PREFUND

*HOURLY EMPLOYEES (less than full-year employee)*

*(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. The amount to be prefunded each quarter will be \$412.50 on the first business day of the month in January, April, July and October 2025. I understand I will be deducted \$91.67 each payroll (January through June and October through December; \$91.67 for 17 pays and \$91.61 for 1 pay) to repay this amount back to the ISD.

I further acknowledge that if I leave the employment of Monroe County Intermediate School District before I have repaid that quarter's prefund, 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