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 2026. The amount to be prefunded for the year totals $1,700.00. The amount to be prefunded each quarter will be $425.00 on the first business day of the month in January, April, July and October 2026. I understand I will be deducted $94.45 each payroll (January through June and October through December; $94.45 for 17 pays and $94.35 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