

# Health Savings Account (HSA)

## Hardship Request for Advance of Employer Contributions

Completion of this form and attachment of required documentation is required for any employee enrolled in the Norwalk-Ontario-Wilton School District Health Savings Account (HSA) Plan who wishes to make a hardship request for an advancement of employer contributions to the Health Savings Account. Contact the Business Office if you have any questions about completing this form

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_

*Describe and Attach Evidence of Hardship:*

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By signing below I understand that I must provide documentation showing my current HSA account balance along with documentation indicating medical expenses beyond my HSA account balance. I understand that upon approval of this request, the Business Office will advance, in accordance with IRS regulations, the remainder of the calendar year employer contributions to my Health Savings Account. I understand that if my hardship continues into the next calendar year, I must resubmit my request after January 1<sup>st</sup> of the upcoming year. I understand that the total amount of the advanced employer contributions cannot exceed the total of what I would have normally received in total employer contributions for the calendar year. This form must be received 2 weeks prior to payment.

I understand that if at the end of the year if I have had contributions to the HSA that are not eligible – called excess contributions – it is my responsibility to contact the Business Office and seek a correction.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**RETURN COMPLETED FORM TO: *Business Office***

Approval	Business Manager	
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