WELCOME TO FIRST NATIONAL BANK
CEDAR FALLS COMMUNITY SCHOOL DISTRICT

2027 Health Savings Account
Contribution Change

HSA OWNER INFORMATION:

First_____ Mid-initial_____ Last _____

Address: _____

City, State Zip: _____

Social Security # _____ Date of Birth_____

Phone #Home: _____Phone # Work_____

E-mail Address: _____Mother's Maiden Name:_____

Contribution Year _____ Family Coverage_____ Self Coverage_____

2026 Max Contribution Limits: Single HDHP $4,500.00 Family HDHP $9,000.00.
Catch-up age 55 and older add $1000.00.

Effective date of <u>your</u> contributions: _____ (mm/dd/yyyy)

HSA Owner contribution Amount $ _____ monthly contribution

Employer contribution Amount $ _____ monthly contribution

Please Sign _____