



West Linn-Wilsonville School District
BUSINESS OFFICE
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Chief Financial Officer

Fiscal Accountant
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Accounts Receivable & Grants
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Dr. Kathy Ludwig
Superintendent

Payroll & Benefits
pr-ben@wlww.k12.or.us

Accounts Payable
wlww-ap@wlww.k12.or.us

Health Savings Account Employee Contribution

For Licensed Employees Only

For the current benefit plan year, in addition to the employer contribution from the West Linn-Wilsonville School District to my Health Savings Account (HSA), for my **EMPLOYEE contribution**, I elect to

NOT contribute any additional amount.

contribute to HSA \$ _____ / month from my wages.

Effective Date: _____

End Date (if applicable): _____

Important Notes:

HSA belongs to the employees. Employees are fully responsible to manage and comply with IRS regulations and contribution limits. The WLWV School District does not manage the compliance of the employees to IRS regulations, such as the balance, the usage, or the qualification. For any tax and legal advice, please reach out to your tax and/or legal counsel.

Return this form to the Payroll & Benefits Team at PR-BEN@wlww.k12.or.us by the Payroll Cutoff.

Employee Signature: _____

Date: _____

Employee Full Legal Name: _____

Employee ID: _____