



**INDEPENDENT  
SCHOOL  
DISTRICT 728**

ELK RIVER | OTSEGO | ROGERS | ZIMMERMAN

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Elk River, MN 55330  
763.241.3400  
feedback@isd728.org  
www.isd728.org

## 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 ISD728 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 Benefits Team in Human Resources if you have any questions about completing this form [benefits@isd728.org](mailto:benefits@isd728.org).

**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, ISD 728 will advance, in accordance with IRS regulations, the remainder of the calendar year employer contribution to my Health Savings Account and stop all monthly employer contributions for the remainder of the calendar year. 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 monthly employer contributions for the calendar year.**

**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 HSA Trustee and seek a correction.**

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

**RETURN COMPLETED FORM TO: HR/BENEFITS DEPARTMENT AT THE DISTRICT OFFICE**

Employer Approval	Benefits Specialist Signature	Exec. Director of Human Resources Signature
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