CHILLICOTHE
CITY SCHOOL DISTRICT
425 YOCTANGEE PARKWAY
CHILLICOTHE, OHIO 45601
(740) 775-4250

HSA Deposit Acceleration Form

Employee Name: _____

Building _____

Email: _____

I hereby request that the following HSA deposit(s) be accelerated.

- ❒ June
- ❒ August

After verification from the health insurance carrier, the Superintendent and/or designee shall approve the accelerated payment. If the health insurance carrier is unable or unwilling to provide verification, the employee's request shall be granted.

Reason for the acceleration request:

_____

_____

_____

Employee Signature: _____ Date _____

Superintendent's Signature _____Date _____

Treasurer Authorization _____Date _____

CEA Negotiated Agreement 2016-2019