



CLARKSVILLE COMMUNITY SCHOOLS

Office of the Superintendent • 200 Ettel Lane • Clarksville, IN 47129-1898
(812) 282-7753 • FAX (812) 282-7754

Health Savings Account Change Form

Employee Name: _____

Increase Amount To: _____

Decrease Amount To: _____

Payroll Effective Date: _____

Employee Signature

Dated

Employer Signature

Dated

**Please note the following 2026 Annual Maximum Contributions:

- Single Maximum \$8,500.00
- Family Maximum \$17,000.00