Office of Human Resources

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Public Schools

Educational Services Center
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HSA HARDSHIP APPLICATION
2026-2027

Please complete the following information and return this form to Human Resources with documentation.

District employees who are receiving District HSA contributions into their Health Savings Accounts may ask for the District HSA contribution in advance when out-of-pocket expenses exceed the district annual HSA contribution for the plan year and your HSA account has no existing funds. The Executive Director of Human Resources will approve hardship applications on a case-by-case basis, using the criteria defined below.

Name	Employee #
Position	Location
Work Phone	Home Phone
Balance on my HSA account is _____ as of _____ (date)	

Reason for Hardship: List as much information as possible and attach documentation of costs.

Criteria for Approval:

1. You need to be enrolled in the district HDHP insurance and have established a Health Savings Account (HSA) that is eligible to accept funds.
2. Your medical expenses to-date (those expenses that count toward your UMR deductible) must equal or exceed the total district contribution scheduled for 2026-27 based on the chart below:

Part-time Single Insurance - $425.00	Part-time Employee + One/Family Insurance - $ 850.00
Full-time Single Insurance - $850.00	Full-time Employee + One/Family Insurance $1,700.00

3. You must submit copies of receipts or documentation from the UMR website that support your need. Receipts must be for services incurred in the current plan year (July 1, 2026 – June 30, 2027). The total of the receipts should equal or exceed the total district contribution scheduled for 2026-27.
4. Your HSA account balance should be zero.

Next year: For 2027-28, the HSA district contribution will be subject to negotiations, IRS regulations, and Board action. If approved for a hardship this year, employees will need to reapply next year, if needed.

Hardship amount: If approved, I am requesting that the remainder of the district maximum contribution for the 2026-27 plan year be deposited into my HSA account at the next contribution date. I verify that I meet all the criteria as stated above.

Signature	Date

You will be notified via phone or email after the application has been reviewed.

For Office Use:	Approve	Not Approve	Need More Info	Exceeds District Contribution
Amt to deposit:	By:		Date:	