



Health Savings Account (HSA) Payroll Deduction

New Enrollment

Change

What is this form for?

Your employer is offering you the option to contribute to your HSA account through payroll deduction. You may also choose to contribute on your own after your HSA account has been opened and take the deduction on your income taxes to the extent appropriate under applicable law. Please list your contribution below.

Contributor Information:

Print Full Name: _____

Employee Extension: _____

Employee ID: _____ (If available, otherwise use Social Security Number)

Contribution Information:

I want the following monthly amount placed into my HSA account from payroll deduction.

Pretax

Post Tax

\$ _____ Per Month*

**This monthly amount will be deducted over the course of the year in equal installments for each pay period as determined by your employer.*

I understand the eligibility requirements for the HSA deposit and state that I qualify to make the deposit. I understand that due to banking regulations I will be unable to open or deposit money into an HSA if the address I provided during enrollment is a P.O. Box

Signature of Employee: _____

Date: _____

Please return this form to Human Resources