

HEALTH SAVINGS ACCOUNT (HSA)

Pre-Tax Payroll Deduction Authorization

Use this form to establish, change, or terminate payroll deductions for your Health Savings Account (HSA). Contributions are made on a pre-tax basis. Ensure your deductions do not exceed the annual IRS contribution limits.

EMPLOYEE INFORMATION

Company Name

Employee ID

Employee Full Name

Social Security Number (Last 4 Digits)

DEDUCTION ELECTION

Action Requested

- New Enrollment
 Change Amount
 Stop Deduction

HSA Coverage Type

- Self-Only Coverage
 Family Coverage

Per Pay Period Deduction Amount (\$)

Effective Pay Date

Annual Contribution Goal (\$)

Number of Pay Periods Remaining

AUTHORIZATION & AGREEMENT

I hereby authorize my employer to deduct the designated amount from my earnings each pay period on a pre-tax basis and remit these funds to my designated Health Savings Account (HSA). I understand that:

1. This election will remain in effect until I submit a new authorization form to change or stop the deductions.
2. It is my sole responsibility to ensure that my total annual contributions (including employer matching contributions, if applicable) do not exceed the

maximum limits established by the Internal Revenue Service (IRS) for the calendar year.

3. I must be enrolled in an HSA-qualified High Deductible Health Plan (HDHP) to make pre-tax contributions to an HSA.

4. The company is not responsible for any tax consequences, penalties, or fees resulting from excess contributions or ineligible utilization of HSA funds.

Employee Signature

Date

PAYROLL / HR USE ONLY

Processed By (Name)

Date Processed

Payroll Signature

First Pay Cycle Date Applied