

# ANNUAL HSA PAYROLL WITHHOLDING ELECTION FORM

Health Savings Account (HSA)

## EMPLOYER INFORMATION

Company Name: \_\_\_\_\_

## EMPLOYEE INFORMATION

Employee Name: \_\_\_\_\_

Employee ID: \_\_\_\_\_

Department: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

## COVERAGE LEVEL ELECTION

Select your high-deductible health plan (HDHP) coverage level for the upcoming plan year:

- Individual Coverage  
 Family Coverage

## ELECTION TYPE

- New Enrollment  
 Change Contribution Amount  
 Stop Contribution

## CONTRIBUTION & PAYROLL WITHHOLDING DETAILS

Specify the amount you wish to have withheld from your pay on a pre-tax basis and deposited into your HSA.

Description	Amount / Details
<b>A. Annual HSA Contribution Goal</b> (Total amount to contribute for the year)	\$
<b>B. Number of Pay Periods Remaining</b> (For the current plan/calendar year)	
<b>C. Per Pay Period Withholding Amount</b> (Divide A by B)	\$

## AUTHORIZATION & SIGNATURE

I hereby authorize my employer to withhold the designated pre-tax amount from my paychecks to deposit into my Health Savings Account (HSA). I understand and agree that:

- I am solely responsible for ensuring I meet the eligibility requirements for an HSA as defined by the IRS.
- I am responsible for monitoring my annual contributions to ensure they do not exceed the annual IRS maximum limits.
- This election will remain in effect for the duration of the plan year or until I submit a new election form to change or terminate my contributions.
- The changes requested above will become effective with the next practical payroll cycle following the receipt of this form.

Employee  
Signature: \_\_\_\_\_

Date: \_\_\_\_\_

HR/Payroll  
Approved:

\_\_\_\_\_

Date:

\_\_\_\_\_