

HEALTH SAVINGS ACCOUNT (HSA)

Payroll Deduction Authorization Form

EMPLOYER INFORMATION

Employer Name:

EMPLOYEE INFORMATION

Employee Name:

Employee ID / SSN:

Date of Birth:

Address:

Email Address:

Phone

Number:

TRANSACTION TYPE

New Enrollment

Change Contribution Amount

Stop / Terminate Deduction

PAYROLL DEDUCTION & CONTRIBUTION ELECTION

Specify the amount you wish to contribute to your Health Savings Account (HSA) through pre-tax payroll deductions. Ensure your contributions do not exceed the annual IRS statutory limits.

Coverage Type:

Self-Only

Family

Per Pay Period Deduction Amount:

\$

Number of Pay Periods remaining:

Total Annual Election Amount:

\$

AUTHORIZATION & AGREEMENT

I hereby authorize my employer to deduct the amount indicated above from my salary on a pre-tax basis and remit such funds to my Health Savings Account (HSA) custodian. This authorization will remain in effect until I submit a new form to change or terminate my contribution, or until my employment terminates. I understand that I am solely responsible for ensuring my annual contributions do not exceed the maximum allowable limit established by the IRS.

Employee Signature:

Date:

FOR HUMAN RESOURCES / PAYROLL USE ONLY

Received By:

Date Received:

Effective Payroll Date:

Processed By:
