

HEALTH SAVINGS ACCOUNT (HSA)

Payroll Withholding Change Request

Use this form to establish, change, or terminate payroll deductions for your Health Savings Account (HSA). Ensure you are enrolled in a qualified High Deductible Health Plan (HDHP) prior to submitting this request.

EMPLOYEE INFORMATION

EMPLOYEE NAME

EMPLOYEE ID / SSN (LAST 4 DIGITS)

DEPARTMENT / DIVISION

EFFECTIVE DATE OF CHANGE

COVERAGE LEVEL (REQUIRED FOR LIMIT VERIFICATION)

Individual Coverage

Family Coverage

WITHHOLDING ELECTION

Specify your requested changes below. Deductions are processed on a pre-tax basis per pay period.

Start New Deduction: Deduct the amount indicated below from each pay period.

Change Existing Deduction: Change my current withholding to the amount indicated below.

Stop Deduction: Suspend all future payroll contributions to my HSA.

NEW PER PAY PERIOD DEDUCTION AMOUNT (\$)

ANNUAL TARGET CONTRIBUTION (OPTIONAL) (\$)

AUTHORIZATION & AGREEMENT

I hereby authorize my employer to adjust my salary by the amount designated above for the purpose of funding my Health Savings Account. I understand and agree that I am solely responsible for ensuring that my total annual contributions (including employer matching contributions, if applicable) do not exceed the annual maximum limits established by the Internal Revenue Service (IRS). I further understand that this election will remain in effect until I submit a new change request form or upon termination of my employment.

EMPLOYEE SIGNATURE

DATE

PAYROLL / HR DEPARTMENT USE ONLY

Date Received	Processed By	Effective Payroll Cycle