

Health Savings Account (HSA) Payroll Deduction

New Enrollment

Change Request

1 What is this form for?

Your employer is offering you the option to contribute to your HSA account **pre-tax** 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.

2 Employee Information

Print Full Name: _____ SS #: _____

Employer: _____

3 Contribution Information

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

\$ _____ Per Benefit Year

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

4 Signature

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 your employer**