

# Health Savings Account (HSA) Employer Payroll Deduction

## What you should know when completing this form:

- This form supports your request to have HSA contributions deducted from your pay by your employer
- You may use this form to authorize either a one-time transaction or periodic transfer
- You'll need to keep a copy of the completed form for your files
- You'll need to submit the completed form directly to your employer

## Account Holder Information

Name : Last		First		MI
Birthdate (MM/DD/YYYY) / /	Social Security Number - -	Telephone Number ( ) -	Email Address	
Street Address (Don't use a PO Box Address) _____ _____				
City		State	ZIP Code	Country
Employer Name				

## Payroll Deduction

Check the box that applies to you and specify a dollar amount:

**Lump sum:** I wish to authorize a **one time** contribution to my HSA in the amount of \$ \_\_\_\_\_.

**Periodic deduction:** I wish to authorize a periodic contribution to my HSA.

I choose this period:  weekly  bi-weekly  semi-monthly or  monthly for this amount: \$ \_\_\_\_\_.

## Authorization

I authorize my employer to deduct the amount(s) above from my pay. My employer will remit such amount(s) to my HSA administrator or its designee for deposit into my HSA. I know my employer will establish the timing of contributions.

If I have authorized periodic deductions, I know I can terminate it by giving written notice to my employer. And that I must do it at least one month before the effective date of the change.

X

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date Signed