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# HEALTH SAVINGS ACCOUNT

## PAYROLL CONTRIBUTION ELECTION FORM

- Change Contribution Amount
- Stop Contribution Amount

By signing this form, I authorize my employer to deduct, stop or change the elected amount from my pay on each pay date. I hereby consent that all personal information and selections made are correct.

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Signature

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Date signed

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LAST NAME

FIRST NAME

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EMP ID# ( SSN #)

COMPLETE MAILING ADDRESS (Include city, state, zip)

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DATE OF BIRTH

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HOME PHONE

I elect to have the following amount deducted **per pay period** \$ \_\_\_\_\_ \* (This amount is withheld over 24 pays)

**Start Date** : \_\_\_\_\_

**Stop Date**: \_\_\_\_\_

I understand this deduction will not change unless I change my election by submitting a new HSA payroll Deduction Form to begin the 1<sup>st</sup> day of the next month.

\* Contributions limits: Your annual HSA contributions cannot exceed the statutory IRS contribution maximums. If you are age 55 or older, you can make additional "catch up" contributions of up to \$1,000. Please refer to the Department of Treasury website for more details: <http://www.treas.gov/offices/public-affairs/hsa/>

Annual Contribution Limits: Health Savings Account (HSA)