HEALTH SAVINGS ACCOUNT PAYROLL DEDUCTION FORM

(FORM MUST BE RETURNED TO YOUR EMPLOYER)

Use this form to authorize deductions from your paycheck to be automatically contributed to your Health Savings Account. After completing Sections 1 and 2 make a copy for your records and give the original form to your payroll office. If you have any questions when completing this form, please contact your Human Resources Manager

☐ Establish Payroll Deduction for First Time
☐ Change Payroll Deduction Amount
☐ Stop Payroll Deduction

1 ACCOUNT HOLDER INFORMATION

Employee's First Name | MI | Last Name

Street Address or P.O. Box

City | State | Zip

Social Security | Home Telephone | Work Telephone

Division/Department Name

Division/Department City

2 PAYROLL DEDUCTION

$ _____.__

Amount of Deduction

☐ Per Pay Period
☐ Monthly
☐ One Time

SIGNATURE: _____ DATE: _____

ACCOUNT HOLDER: Please complete the above information and return to your **EMPLOYER**.