



## Health Savings Account (HSA) Payroll Deduction Form

**Instructions:** HSA payroll deduction changes can only be done once a month per IRS guidelines. Complete this form and return to Human Resources.

Current Coverage Level:       Single                       Two-Person                       Family

ACCOUNTHOLDER INFORMATION:		
First Name:	MI:	Last Name:
Street Address:		Last 4 Digit of SS# _____
City:	State:	ZIP Code:

### CONTRIBUTION INFORMATION:

New Payroll Deduction Amount: \$ \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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