

HEALTH CARE SAVINGS ACCOUNT

PAYROLL DEDUCTION CHANGE FORM

(Please make sure deductions do not cause you to over contribute the maximum allowable)

Employee _____ Date _____
Print Name

I would like to have \$ _____ deducted from my paycheck each pay through December of this year for deposit into my H.S.A. account. Deductions beyond December will need to be entered in Explain My Benefits during the open enrollment period in November.

I would like to have a one-time amount of \$ _____ deducted from my paycheck for deposit into my H.S.A. account.

I would like to have \$ _____ deducted from my paycheck each pay for _____
pays. # of pays

Employee Signature

CANCELLATION OF DEDUCTION

_____ I would like to cancel the H.S.A. deductions being withheld from my paycheck.

Employee Signature