



Montgomery County
Public Schools

Health Savings Account (HSA) Payroll Deduction Change Form

I request the following change to be made to my HSA pre-tax payroll deductions:

1. Change deduction amount:

Old amount: \$ _____

New amount: \$ _____

2. Stop deduction:

Stop payroll deduction on: _____
Date

Change forms received by the Payroll Processing deadline will be processed with the current month's payroll, forms received after the deadline will be processed with the following month's payroll.

Employee Name (Please Print)

Employee Signature

Date

Employee ID _____

or last four digits of SSN: _____

Rev. 10/2015