

HSA Payroll Deferral Form

1 General Information

Your Name: _____

Company Name _____ ("Employer")

2 Payroll Deferral Request

Payroll Deferral. I request that my Employer defer the following amount from my pay and direct the money into an HSA with the custodian named above. Please make sure you know how much you are eligible to contribute. Check only one box. If you do not plan on making an HSA deferral and your employer requests all employees to return a form, please check the first box and enter \$0.

- Per Pay Period.** \$ _____ Multiply by number of pay periods to get annual contribution amount.
- Annual Amount.** \$ _____ This amount will be divided by the # of pay periods per year (or the remaining # of pay periods).
- Other** \$ _____ Use for unique situations - please explain.

Please Explain "Other" _____

3 Signature and Submission Information

I agree to the above deferral request and will submit this form to my Employer for processing. I also authorize my Employer to make withdrawals from my HSA in the event that a credit entry is made in error. I understand that the custodian may provide my HSA account number to my Employer to facilitate the money transfer. I further understand that the date of my payroll may differ from the date the funds are actually deposited and are available for use.

Please sign here

Date

Employer Instructions: Use this form when you allow payroll deferral into an HSA. Please collect this data from each employee (print or copy this form for more copies of it) and consolidate employee deferrals onto one spreadsheet, "The employee Contribution Worksheet (previous sheet)," or one of your own. Then forward that spreadsheet to the HSA Custodian along with a check or ACH instructions for payment. Keep this Employee Payroll Deferral Form for your records, the HSA Custodian does not need a copy.