



## Health Savings Account Payroll Reduction Agreement

- This form allows you to have a Health Savings Account (HSA) contribution deducted from your paycheck. You may use this form to initiate a one-time transaction or periodic transfers as designated.
- You must be enrolled in a High Deductible Health Plan in order to contribute to an HSA account.
- The contributions you designate will continue until you make written authorization of change.
- Designations to your HSA account must be made on an annual basis by December 31 for the next calendar year and are not automatically continued.
- The annual HSA contribution cannot exceed the statutory IRS limits as defined at <http://www.treas.gov/offices/public-affairs/hsa/>.

<input type="checkbox"/> New Deduction	<input type="checkbox"/> Change Amount	<input type="checkbox"/> Cancel Deduction
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Name \_\_\_\_\_ ID \_\_\_\_\_  
Print Name SMC ID #

Please deduct the amount of \$ \_\_\_\_\_ on \_\_\_\_\_  
 \$ \_\_\_\_\_ on \_\_\_\_\_  
 \$ \_\_\_\_\_ on \_\_\_\_\_

Please deduct the amount of \$ \_\_\_\_\_ in equal semi-monthly amounts of  
 \$ \_\_\_\_\_ each beginning \_\_\_\_\_  
 and ending \_\_\_\_\_.

Please change my contribution effective \_\_\_\_\_ to \_\_\_\_\_.

Please cancel my payroll deduction effective \_\_\_\_\_ (15<sup>th</sup> or last day of the month).

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