

HSA Payroll Deferral Form



2323 Stickney Point Rd.
Sarasota, FL 34231

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.

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 number of pay periods).

Other. \$ _____ Use for unique situations- please explain:

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.

HSA Owner Signature

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, use "The Employee Contribution Worksheet", 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.