



# HEALTH SAVINGS ACCOUNT

Payroll Election Form

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Name: Last, First, Middle Initial

Social Security Number

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Street Address

DOB

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City

State

Zip Code

The IRS has established annual limits that can be contributed to a Health Savings Account.

\* **NOTE:** Since your contribution limits are specific to your circumstances, we recommend that you contact your Tax Advisor to verify what your contribution limits are.

Based on your estimates, elect the amount you wish to contribute to your **Health Savings Account** this year.

**Per Pay Period Amount**                      \$ \_\_\_\_\_

**Annual Amount**                              \$ \_\_\_\_\_

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**Please read, sign and date this form:**

I authorize the reduction of my salary on a per paycheck basis, by the amount designated above.

I understand that funds that are deducted from my pay and not used for eligible health care expenses incurred after my HSA account was established will be **taxable** in accordance with IRS regulations, and it is solely my responsibility to report these funds to the IRS.

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Signature

Date