



I agree to have my gross salary reduced in accordance with Section 125 of the Internal Revenue Code. These monies will be contributed towards my Health Savings Account (HSA).

Health Savings Account Election Form

PRE-TAX PAYROLL AUTHORIZATION

Enter Per Pay Period Deduction Amount _____

Enter Annual Deduction Amount (26 Pay Periods) _____

Are you enrolled in any other medical insurance plan? Yes _____ No _____

Are you enrolled in Medicare/Medicaid/Tricare? Yes _____ No _____

I authorize my employer to reduce my pay before taxes on a "per pay period" basis as indicated above.

Print Name _____

Signature _____

Date _____