



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

I authorize the following amount to be deducted from my paycheck for the purposes of contributing towards my Health Savings Account (HSA):

Enter Per Pay Period Deduction Amount \_\_\_\_\_  
Enter Annual Deduction Amount (26 Pay Periods) \_\_\_\_\_

Employee Name (please print) \_\_\_\_\_

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_