
First Name	Last Name	Middle Initial	
Address	City	State	Zip
Home Phone	Mobile Phone	Email Address	

MHSA Contribution Payroll Election

I authorize my employer to initiate the following payroll deduction to contribute to my HSA. I understand that HSA contributions made through a Section 125 Plan will be made in accordance with the rules that apply to pre-tax HSA contributions and makes a written request, I understand that my account number will be provided directly to my employer to facilitate this process.

\$ _____ Per Payroll Deduction
\$ _____ Per Plan Year Deduction (this amount will be evenly divided among the payrolls remaining for the
_____ Plan Year.)
_____ Effective date for starting contribution change

Employee Signature	Date
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