

**EMPLOYEE HSA PAYROLL CONTRIBUTION NOTIFICATION FORM  
FOR HSA CONTRIBUTIONS MADE ON A PRE-TAX BASIS THROUGH PAYROLL**

**Complete in full, sign the form and return it to your employer.**

Employer:

Employee Name:

Social Security Number:

School Year: 2018-2019

Per Pay Period Pre-Tax Contribution: \$ \_\_\_\_\_ Total Deduction: \_\_\_\_\_

# of Pay Periods: \_\_\_\_\_ Date of 1<sup>st</sup> Deduction: \_\_\_\_\_

By signing below, I agree to the following:

1. My employer will reduce my salary each pay period by the contribution amount I have indicated above and the funds will be deposited to my Health Savings Account on a pre-tax basis. This will continue until I notify my employer to change the amount or stop contributions.
2. I am responsible for determining my specific annual HSA contribution limit based on federal contribution limits, my eligibility and coverage level, contributions that may be made to my account from other sources and other tax considerations specific to me.
3. My employer determines when the first contribution of the amount indicated on this form will begin according to my employer's payroll schedule and any applicable payroll change deadlines.
4. My employer determines the frequency in which I can make changes to my HSA contribution amount.

Employee Signature:

Date:

Employer Acceptance:

First Payroll Date:

**Note: This form is for employer records only and should not be returned to Benefit Strategies.**