

HEALTH SAVINGS ACCOUNT (HSA) PAYROLL DEDUCTION FORM

Use this form to authorize deductions from your paycheck to be automatically contributed into your health savings account. If you have any questions when completing this form, please contact Benefits@du.edu at Benefits@du.edu.

Establish Payroll Deduction for the first time

DU ID Number

Change Payroll Deduction Amount

Stop Payroll Deduction

SECTION 1: ACCOUNT HOLDER INFORMATION

Employee's First Name Middle Last Name

Home Address or PO Box City State Zip Code

Home Telephone Work Telephone

Email Address

SECTION 2: PAYROLL DEDUCTION

Payroll Deduction: \$|_|_|_|_| . |_|_| Monthly One Time

Payroll deduction changes are effective for the next pay period the form is submitted by the 1st of the month. Forms received after 5:00 PM will not be effective until the 2nd pay period.

Signature _____ Date: _____