PAYFLEX®

PayFlex Health Savings Account (HSA)
Payroll Deduction - National Health Care

Instructions

- This form allows you to have HSA contributions deducted from your pay. You may use this form to authorize either a one-time transaction or periodic transfer.

  Note: If you have elected to have your employer make contributions to your HSA as part of your health plan enrollment you do not need to complete this form. Deductions authorized by this form will be in addition to any contributions already authorized through your annual benefits election.
- Please keep a copy of the completed form for your files.
- Please submit the completed form to your employer.

Account Holder Information

Name : Last	First		MI
Birthdate (MM/DD/YYYY) / /	Social Security Number / /	Daytime Telephone Number ( ) -	Evening Telephone Number ( ) -

Street Address

_____

_____

_____

City State ZIP Code Country

Employer Name

Payroll Deduction

Please check the following that applies:

☐ **Lump sum:** I wish to authorize a ***one time*** contribution to my HSA in the amount of $ _____.

☐ **Periodic deduction (Bi-Weekly):** I wish to authorize a ***bi-weekly*** contribution to my HSA in the amount of $ _____.

☐ **Periodic deduction (Weekly):** I wish to authorize a ***weekly*** contribution to my HSA in the amount of $ _____.

Authorization

I hereby authorize my employer to deduct the amount(s) above from my pay and remit such amount(s) to PayFlex or its designee ("PayFlex") for deposit into my PayFlex HSA. I understand that the timing of deductions will be established between PayFlex and my employer. If I am paid more frequently than monthly, my employer may choose which paycheck to debit for the month, and/or may divide deductions between or among paychecks. If I have authorized periodic deductions I may terminate that authorization on at least one month's prior written notice to my employer.

X_____	_____	_____
Signature	Print Name	Date Signed