



**HEALTH SAVINGS ACCOUNT EMPLOYEE CONTRIBUTION  
ELECTION FORM**

(To be completed and returned to your employer)

**Employee Name:** \_\_\_\_\_

**CONTRIBUTIONS**

- I wish to contribute \$ \_\_\_\_\_ to my HSA account each pay period on a pre-tax basis. I understand this amount will be deducted from my paycheck until I indicate otherwise.
  
- I wish to make a single contribution of \$ \_\_\_\_\_ to my HSA account on a pre-tax basis. I understand this will be deducted from my paycheck one time only for the tax year \_\_\_\_\_.
  
- I wish to change my contribution as of \_\_\_\_\_. I would like to contribute \$ \_\_\_\_\_ to my HSA account each pay period on a pre-tax basis.

I understand this amount will be deducted from my paycheck until I indicate otherwise.

**SIGNATURE**

It is my responsibility 1) to determine whether I am eligible to make contributions to my HSA; And 2) to determine whether contributions to this HSA have exceeded the applicable maximum annual contribution limit.

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

\_\_\_\_\_  
Date