
HEALTH SAVINGS ACCOUNT

PAYROLL CONTRIBUTION ELECTION FORM

- New Account
- Change Contribution Amount
- Stop Contribution Amount

By signing this form, I authorize my employer to deduct, stop or change the elected amount from my pay on each pay date. I hereby consent that all personal information and selections made are correct.

Signature

Date

First – Middle – Last

Employee ID or Social Security Number

Mailing Address

City, State, Zip

I elect to have the following amount deducted **per pay period** \$_____. (*This amount is withheld over 24 pays)

START DATE: _____ STOP DATE: _____

American Fidelity H.S.A.

Unity Bank H.S.A.

I understand this deduction will not change unless I change my election by submitting a new H.S.A. payroll deduction form to begin the first of the next month.

*Contribution limits: Your annual H.S.A. contributions cannot exceed the statutory IRS contribution maximums. If you are age 55 or older, you can make additional "catch up" contributions of up to \$1,000. Please refer to the Department of Treasury and IRS for more details.