



## HEALTH SAVINGS ACCOUNT PAYROLL DEDUCTION FORM

Use this form to authorize deductions from your paycheck on a pre-tax basis to be automatically contributed to your Health Savings Account with Health Equity. After completing please make a copy for your records and forward the original form to Grand Traverse County Human Resources Department.

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

\_\_\_\_\_ Establish Payroll Deduction for First Time

\_\_\_\_\_ Change Payroll Deduction Amount

\_\_\_\_\_ Stop Payroll Deduction

**Amount of Payroll Deduction: \$** \_\_\_\_\_

\_\_\_\_\_ Per Pay Period

\_\_\_\_\_ One Time Deduction

**Employee's Health Savings Account #:** \_\_\_\_\_

As an eligible employee, I acknowledge that I understand the benefits, rights, and obligations available to me under the plan and that the above deductions, if any, will be made on a pre-tax basis. I am enrolled in a High Deductible Health Plan and certify that I am not eligible to receive any benefits under another health plan.

Remember, annual maximums as determined by the IRS are total amounts; you will need to factor in any employer contributions as well when determining your allowable maximum contribution for tax purposes. The management of the HSA and additional related funding is the responsibility of the employee. The funds deposited to your HSA will belong solely to you. Therefore, these funds roll over from year to year and continue to be available even after employment ends. These monies remain tax-free if used for qualified medical expenses (including dental, vision, etc)

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_