

HSA Payroll Deduction Form

City:	State:	Zip Code:
Home Phone: ()	Work Pho	ne: ()
Banner ID:	Date of Birth:	
I elect a per pay contribution Account.	of \$ to be deducted	ed and contributed to my Health Savings
The table below shows exam to reach various annual contri		need to contribute each payroll period in o
maximums. Currently, these	limits are \$3,450.00 for single al contributions. If you are age	nnot exceed the statutory IRS contribution coverage and \$6,850.00 for family. These 55 or older, you can make additional "cate
See Department of Treasury center/faqs/Taxes/Pages/Heal	website for more details http:// lth-Savings-Accounts.aspx	/www.treasury.gov/resource-
By signing this form, I author		e elected amount from my pay on each pay ections made are correct.
date. I hereby consent that all	F	

DISCLAIMER: HSAs are personal health savings vehicles rather than group employee benefits. Although your employer has agreed to forward contributions through its payroll system to U.S. Bank, it has not specifically endorsed U.S. Bank or any other HSA provider. You are not restricted from moving funds to another HSA, but your employer is not required to forward payroll contributions to another HSA provider. With respect to HSAs offered through U.S. Bank, employers may not impose conditions on the use of HSA funds, make or influence any investment decisions with respect to funds contributed to an HSA, or receive any payment or compensation in connection with an HSA.