HEALTH SAVINGS ACCOUNT (HSA) PAYROLL DEDUCTION FORM

Use this form to authorize deductions from your paycheck to be automatically contributed into your health savings account. After completing sections 1 and 2, make a copy for your records and return the form to the Benefits Office via email Benefits@du.edu or fax 303-871-2143. If you have any questions when completing this form, please contact the Benefits Office at 303-871-7420 or Benefits@du.edu.

☐ Establish Payroll Deduction for the First time
☐ Change Payroll Deduction Amount
☐ Stop Payroll Deduction

SECTION 1: ACCOUNT HOLDER INFORMATION

Employee’s First Name       Middle       Last Name

Home Address or PO Box       City        State        Zip Code

DU ID Number       Home Telephone       Work Telephone

Email Address

SECTION 2: PAYROLL DEDUCTION

Payroll Deduction: $[____|____|____|____| . [____|____]        ☐ Monthly        ☐ One Time

Signature:_________________________________________ Date:__________________

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