



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 Shared Services Center via email Benefits@du.edu. If you have any questions when completing this form, please contact Shared Services Center at Benefits@du.edu.

Establish Payroll Deduction for the First time

DU ID Number

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	
Email Address	Home Telephone	Work Telephone		

SECTION 2: PAYROLL DEDUCTION

Payroll Deduction: \$|_|_|_|_| . |_|_| Monthly One Time

Payroll deduction changes are effective for the next pay period if the form is submitted by the 20th of the month. Forms received after may not be effective until the 2nd pay period.

Signature: _____ Date: _____

Return this form to Shared Services Center via email Benefits@du.edu.