## **Employee Authorization for Payroll Deduction to Health Savings Account**

Use this form to have your employer withhold money from your paychecks and deposit it into your health savings account (HSA) on a pre-tax basis. You must be enrolled in a consumer-driven health plan (HDHP) with a HSA before you can start a payroll deduction.

				1
I wish to:				
☐ Begin a deduction ☐ Change my deduction ☐ Stop my deduction ☐ Effective date				
Your payroll office can confirm the effective date				
		Your pay	roll office can confirm	the effective date.
Section 1: Employee Information				
Nama		SSN or employee ID		
Name(Last, First, Middle initial)				
,				
Mailing address		Work phone number		
City/State/ZIP		Agency name: <b>NEXCON</b>	<u>//</u>	
Individual HSA		Family HSA		
Amount you elect to contribute to your HSA p	per pavcheck	Amount you elect to co	ntribute to your HSA p	per paycheck
(Can be any amount up to or less than F from		Amount you elect to contribute to your HSA per paycheck (Can be any amount up to or less than F from Section 3)		
\$	,	\$		
5 1 0 1				
Employee Signature Required	la di catta da la			
By signing this form, I am requesting that payroll d		_	-	
terms. I understand there are maximum limits I can contribute to my HSA per IRS rules and I may be liable for tax penalties if I exceed this amount.				
This request replaces any previous payroll deduction requests for my HSA.				
Employee's signature		Date		
HOW TO DETERMINE VOLD BY WELVIN DEDUCTION				
HOW TO DETERMINE YOUR BI-WEEKLY DEDUCTION  Section 3. Coloulete Your Maximum USA Contribution				
Section 2: Calculate Your Maximum HSA Contribution  Use the worksheet below to determine how much you can contribute to your HSA in 2025.				
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		Select	your enrollment statu	_
			your enrollment statu	<u>S</u> Family HSA
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Return this form to your personnel, payroll, or benefits office. Keep a copy for your records.