

# Benson Public Schools HSA Payroll Deduction Form

Name (print) \_\_\_\_\_

Requested monthly deduction amount \$ \_\_\_\_\_

Date to begin this deduction (mm/dd/yy) \_\_\_\_\_

Subject to the annual contribution limits and other requirements of HSA plans, I authorize the Employer to reduce my cash compensation in exchange for the prompt payment of an equal amount for deposit to my HSA account at SelectAccount. This agreement will remain in effect as long as I remain an eligible employee, or until I provide the Employer with a written request to change or end my salary reduction contributions.

Signature \_\_\_\_\_