

Health savings account Payroll Deduction Form

Complete this form and give it to your employer. Please contact your employer to determine the date(s) on which deductions from your paycheck and deposits into your health savings account (HSA) will begin for the plan year.

Calculate your HSA paycheck deduction

<input type="text"/>	÷	<input type="text" value="24"/>	=	<input type="text"/>
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Your total HSA contribution for the calendar year your plan year begins in (amount on line 3 of the HSA part of your enrollment application)

Number of pay periods from the first day of your plan until the end of the calendar year your plan year begins in

Amount to deduct per paycheck during the calendar year your plan year begins in

EXAMPLE:

<input type="text" value="\$1000.00"/>	÷	<input type="text" value="24"/>	=	<input type="text" value="\$41.67"/>
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Your total HSA contribution for the calendar year your plan year begins in (amount on line 3 of the HSA part of your enrollment application)

Number of pay periods from the first day of your plan until the end of the calendar year your plan year begins in

Amount to deduct per paycheck during the calendar year your plan year begins in

~~Calculate your HSA paycheck deduction~~

~~Complete this section **only** if your medical plan covers a portion of two calendar years. For example, a plan that goes from June of one calendar year to May of the next calendar year.~~

<input type="text"/>	÷	<input type="text"/>	=	<input type="text"/>
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~~Your total HSA contribution for the calendar year your plan year ends in (amount on line 6 of the HSA part of your enrollment application)~~

~~Number of pay periods from the first day of the calendar year your plan year ends in until the end of your plan year~~

~~Amount to deduct per paycheck during the calendar year your plan year ends in~~

I want the above amount(s) deducted from my paycheck for HSA contributions.

Printed name _____

Employee ID number or Social Security number _____

Employer name _____

Signature _____ Date _____

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Once you've filled out this page, give it to your employer along with your enrollment application.