

HSA Salary Reduction

Name _____

Bank Name _____

Bank Mailing Address _____

Bank Transit Number _____

Account Number _____

Amount per pay period _____ Number of Pay Periods _____

Total amount for the year _____

It is my responsibility (1) to determine whether I am eligible to make contributions to my HSA, and (2) to determine whether contributions to this HSA have exceeded the applicable maximum annual contribution limit. Having done so, I make the above election by signing my name below.

Signature _____ Date _____