



## MHSA Employee Contribution Election

First Name	Last Name	Middle Initial	
Address	City	State	Zip
Home Phone	Mobile Phone	Email Address	

### MHSA CONTRIBUTION PAYROLL ELECTION

I authorize my employer to initiate the following payroll deduction to contribute to my HSA. I understand that HSA contributions made through a Section 125 Plan will be made in accordance with the rules that apply to pre-tax HSA contributions. In the event that my employer is using direct deposit to facilitate these contributions and makes a written request, I understand that my account number will be provided directly to my employer to facilitate this process.

\$\_\_\_\_\_ Per Payroll Deduction

\$\_\_\_\_\_ Per Plan Year Deduction (this amount will be evenly divided among the payrolls remaining for the Plan Year).

\_\_\_\_\_ Effective date for starting contribution change

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date