



19600 Molalla Avenue | Oregon City, OR | 97045-7998
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Education That Works

HSA Payroll Contribution Form

Last Name, First Name		Employee SSN or Colleague ID	
Address	City	St	Zip
Email	DOB	<input type="checkbox"/> New Enrollee <input type="checkbox"/> Renewal Enrollment	OFFICE USE ONLY Effective Date

HSA ACCOUNT – THIS BENEFIT IS SUPPORTED BY OPTUM BANK

I request the following amount to be deducted from my paycheck (This option is in addition to the employer paid contributions):

Benefit	Yes/No	Annual Election	No. of Paychecks	Paycheck Deduction
HSA	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____ per plan year	_____	\$ _____ per paycheck

PREMIUM AGREEMENT FOR HEATH SAVINGS ACCOUNT

Please check one:

- I elect to participate in the HSA. *Please read the following and sign below.*

I agree to have Clackamas Community College deduct pre-tax payroll contributions to fund my Health Savings Account with Optum Bank. I understand that Optum Bank will deduct a monthly administrative fee from my HSA account. If my employment is terminated, Optum Bank will continue to assess a monthly administrative fee.

Signature: _____ Date: _____
Sign here only if you are participating in the Health Savings Account

AUTHORIZATION

I hereby certify the above information to be correct and true to the best of my knowledge. I understand that the above deductions may correspondingly reduce my future Social Security benefits. My signature on this form certifies that I have received and read the materials explaining the Health Savings Account program.

Signature: _____ Date: _____