

**HSA Payroll Contribution Form**

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| Email DOB | New Enrollee  Renewal Enrollment | OFFICE USE ONLY    Effective Date |

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| **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):**

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| --- | --- | --- | --- | --- |
| **Benefit** | **Yes/No** | **Annual Election** | **No. of Paychecks** | **Paycheck Deduction** |
| **HSA** | Yes  No | $  per plan year | \_\_\_\_\_\_ | $  per paycheck |

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| **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*

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| **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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_