SOUTHEASTERN UNIVERSITY

Health Savings Account (HSA)
PAYROLL DEDUCTION FORM

EMPLOYEE LAST NAME	FIRST	MIDDLE
DATE OF BIRTH	CAMPUS PHONE	HOME/CELL PHONE
MAILING ADDRESS		
CITY	STATE	ZIP

CONTRIBUTION INFORMATION

REASON FOR SUBMISSION:

- ☐ Establish HSA Payroll Deduction for First Time
- ☐ Change HSA Payroll Deduction Amount
- ☐ Cancel/Decline HSA Payroll Deduction
  - *Requested Date of Cancelation: _____

Maximum HSA Contribution Limits for 2016:
Single: $3,350
Family: $6,750
Catch –Up Contribution for Employees age 55-65: Additional $1,000

ELECTIONS:

- ☐ Lump Sum (One-Time) Contribution
  - Dollar Amount: $_____
  - Requested Date of Contribution: _____
- ☐ Biweekly Contributions
  - Biweekly Contribution Amount (24 deductions per year): $_____
  - Requested Date of First Contribution: _____

I hereby authorize Southeastern University to deduct the above amount(s) (if any) from my pay and deposit such amount(s) into my Health Savings Account. I understand that this deduction will not change unless I change my election by submitting a new HSA Payroll Deduction Form to Human Resources at least 10 days prior to the next payroll cycle.

Employee Signature:_____ Date: _____

Date Received by HR: _____