

# PAYFLEX

## PayFlex Health Savings Account (HSA) Payroll Deduction Enrollment Form

### Instructions

- This form allows you to have HSA contributions deducted from your pay on a pre-tax basis. You may use this form to authorize a recurring deduction from your paycheck.
- Please keep a copy of this form for your files.
- 2024 maximum HSA contributions are \$4,150 for an individual and \$8,300 for a family, **including** any employer contributions.
- **Please submit the completed form to the Human Resources office.**

Employee Name:

(Last)

(First)

(MI)

Birthdate (MM/DD/YYYY):

Social Security Number:

*Daytime telephone number:*

*Home Address*

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(Street Address)

(Apt.)

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(City)

(State)

(Zip)

Employer Name: Sarah Lawrence College

### Payroll Deduction

**Re-occurring deduction:** I wish to authorize a per pay period contribution to my HSA in the amount of

My pay frequency is:    **monthly**                      **biweekly**                      **weekly**

*If you would like to learn more about a one-time, lump sum contribution to your HSA, please contact the Human Resources office.*

### Authorization

I hereby authorize Sarah Lawrence College to deduct the amount (s) above from my pay and remit such amount(s) to PayFlex for deposit into my Payflex HSA. If I have authorized recurring deduction, I may terminate that authorization with at least one month's prior written notice to the College.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_ (Print Name)

\_\_\_\_\_ (Date)