

# INSPIRA

## FINANCIAL 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.
- 2025 maximum HSA contributions are \$4,300 for an individual and \$8,550 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*

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(Apt.)

\_\_\_\_\_  
(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 Inspira Financial for deposit into my Inspira Financial 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)