

# 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.
- 2023 maximum HSA contributions are \$3,850 for an individual and \$7,750 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 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)