



**HEALTH SAVINGS ACCOUNT (HSA)
EMPLOYEE CONTRIBUTION ELECTION**

(To be completed and returned to the Payroll Department)

Employee Name: _____

CONTRIBUTIONS

I wish to contribute \$_____ to my HSA account each pay period on a pre-tax basis. I understand this amount will be deducted from my paycheck until I indicate otherwise.

I wish to make a single contribution of \$_____ to my HSA account on a pre-tax basis. I understand this will be deducted from my next paycheck.

I wish to stop all payroll deductions made to my HSA account immediately.

SELECT ACCOUNT

All contributions will be deposited into your Select account.

SIGNATURE

It is my responsibility (1) to determine whether I am eligible to make contributions to my HSA, (2) to determine whether contributions to this HSA have exceeded the applicable maximum annual contribution limit, and (3) to determine that the account listed above is a qualified Health Savings Account.

Employee/Account Owner

Date