

HEALTH SAVINGS ACCOUNT PAYROLL DEDUCTION / CHANGE FORM

PARTICIPANT INFORMATION

NAME (LAST, FIRST, MI)		E#
SOCIAL SECURITY NUMBER		DATE OF BIRTH
STREET ADDRESS		APT. #
CITY, STATE		ZIP
CAMPUS EMAIL		TELEPHONE NUMBER

ENROLLMENT OR CHANGE INFORMATION

Please select one of the following reasons for your enrollment or change:

<input type="checkbox"/> Open Enrollment Period	<input type="checkbox"/> New Hire/Newly Eligible for Benefits	<input type="checkbox"/> Qualifying Status Change	<input type="checkbox"/> STOP Payroll Deductions
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PAYROLL DEDUCTION AMOUNT

DOLLAR AMOUNT PER PAY PERIOD*	X	NUMBER OF PAY PERIODS	=	ANNUAL ELECTION**

*You must enter a dollar amount per pay period to avoid a delay in your election. If you do not enter an annual election amount, your payroll deductions will continue until you complete a new HSA Payroll Deduction/Change Form or until you reach the annual limit for contributions.

**In 2017, the maximum that may be contributed for an individual with self-only coverage under a high deductible health plan is \$3,400, or \$6,750 for individual with family coverage under a high deductible health plan. The maximum that can be contributed includes any contribution EMU makes to your account (i.e., \$500 contribution for those with self-only coverage under the high deductible health plan or \$1,000 for those with family coverage).

PAYROLL DEDUCTION AUTHORIZATION

By signing this deduction form, I authorize the amount per pay period shown above to be reduced from my gross paycheck. I understand that this election will begin on the plan year effective date shown above, or as soon as administratively practicable. I understand that my election will continue for the remainder of the benefit year unless this election is properly amended or terminated. My signature below also authorizes my employer to disclose information in this form to HealthEquity or others necessary to facilitate direct deposits to my HSA account.

Signature	Date
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