

EMPLOYEE AUTHORIZATION FOR PAYROLL DEDUCTION TO HEALTH SAVINGS ACCOUNT

PAYROLL EFFECTIVE DATE: <input type="checkbox"/> New Election <input type="checkbox"/> Change to current election*	
EMPLOYEE INFORMATION (please print)	
Last Name:	First Name:
HEALTH SAVINGS ACCOUNT ELECTION	
HSA Contribution per paycheck \$ _____ This change is a <input type="checkbox"/> one-time deduction OR <input type="checkbox"/> remainder of the year If not specified, changes become effective with the next applicable pay cycle. Changes will not be made retroactively.	Type of change*: <input type="checkbox"/> Increase election <input type="checkbox"/> Decrease election <input type="checkbox"/> Stop deduction
2018 Limits** Single - \$3,450 Family - \$6,900 Over age 55 catchup – addl \$1,000	**In order to be eligible for the Health Savings Account (HSA), you must have elected the High Deductible Health Plan.
Financial Institution Name: _____ Routing Number: _____ Account Number: _____	
AUTHORIZATION AGREEMENT	
<p>I understand that in order to be eligible for the Health Savings Account, I cannot be enrolled in Odd Fellows' Health Care Flexible Spending Account.</p> <p>I have read and understand the details of a Health Savings Account as outlined in the IRS Publication 969 at http://www.irs.gov/pub/irs-pdf/p969.pdf.</p> <p>I hereby authorize Odd Fellows to deduct the above specified amount pre-tax from my wages to be deposited into my Health Savings Account at my designated financial institution as outlined on this enrollment/change form.</p>	
Signature:	Date: