



MHSA Employee Contribution Election

First Name	Last Name	Middle Initial	
Address	City	State	Zip
Home Phone	Mobile Phone	Email Address	

MHSA CONTRIBUTION PAYROLL ELECTION

I authorize my employer to initiate the following payroll deduction to contribute to my HSA. I understand that HSA contributions made through a Section 125 Plan will be made in accordance with the rules that apply to pre-tax HSA contributions. In the event that my employer is using direct deposit to facilitate these contributions and makes a written request, I understand that my account number will be provided directly to my employer to facilitate this process.

\$ _____ Per Payroll Deduction

_____ Effective date for starting contribution change

Employee Signature Date