



HSA Payroll Deduction

Part 1: Instructions

- This form allows you to have an HSA contribution deducted from your payroll. You may use this form to authorize either a one- time transaction or a bi-weekly deduction.
 - Please retain a copy of this form for your records.
 - Submit completed form to Employee Benefits, 111 Soledad, 2nd Floor, Fax: 207-2176
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Part 2: Account Holder Information

Full Name:	SAP#
Daytime Telephone:	Evening Telephone:

Part 3: Account Holder Information

Please check the following that applies:

- Lump Sum: I wish to authorize a *one- time* contribution to my HSA in the amount of \$_____
- Bi-weekly deduction: I wish to authorize a bi-weekly contribution to my HSA in the amount of \$_____

Part 4: Authorization

I hereby authorize City of San Antonio to deduct the amount(s) above from my pay and remit such amount(s) for deposit into my HSA account. I understand that the timing of deductions will be established between my HSA administrator and the City of San Antonio. Please allow at least one payroll cycle after receipt of this form for the change to occur.

Signature of Employee _____ Date _____

Print Name _____



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