



**Human Resources & Risk Management**  
300 North Washington Street  
Pennsylvania Hall  
Campus Box 2443  
Gettysburg, Pennsylvania 17325 -1400

## HEALTH SAVINGS ACCOUNT

Payroll Election Form

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Name: Last, First, Middle Initial	Social Security Number	
Street Address	DOB	
City	State	Zip Code

The IRS has established annual limits that can be contributed to a Health Savings Account.

\* **NOTE:** Since your contribution limits are specific to your circumstances, we recommend that you contact your Tax Advisor to verify what your contribution limits are.

Based on your estimates, elect the amount you wish to contribute to your **Health Savings Account** this year.

**Annual Amount**      \$ \_\_\_\_\_ divided over 24 pay periods equal the per pay (or the number of pay periods left in the year).

**Per Pay Period Amount**      \$ \_\_\_\_\_

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**Please read, sign and date this form:**

I authorize the reduction of my salary on a per paycheck basis, by the amount designated above.

I understand that funds that are deducted from my pay and not used for eligible health care expenses incurred after my HSA account was established will be **taxable** in accordance with IRS regulations, and it is solely my responsibility to report these funds to the IRS.

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Signature      Date