

HSA PAYROLL DEDUCTION FORM



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LIBRARY

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EMPLOYEE NAME		TODAY'S DATE	
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HSA PRE-TAX CONTRIBUTION AMOUNT (Per Pay Period):

Dollar Amount: \$ _____ (Per Pay Period)

AUTHORIZATION

I AUTHORIZE CML TO CONTRIBUTE THE AMOUNT SPECIFIED ABOVE FROM MY PAY EACH PAY PERIOD TO MY OPTUM HSA BANK ACCOUNT.

All contribution changes will be effective as of the first available pay period following the date you submit this form to Payroll, or as soon as administratively possible thereafter, unless a later date is specified below.

- Future Effective Check Date: _____/_____/_____

EMPLOYEE SIGNATURE		DATE	
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E-mail this form to payrollbenefits@columbuslibrary.org