HEALTH SAVINGS ACCOUNT (HSA) PAYROLL DEDUCTION FORM

Use this form to authorize deductions from your paycheck to be automatically contributed into your health , μ u savingue} \ \textbf{perity@vibu.ednail} \text{If you have any questions when completing this ntact , μ u v Z • } μ OE • at Benefits@du.edu.

Home Telephone Email Address SECTION 2: PAYROLL DEDUCTION	Establish Payroll Deduction tone first time		DU ID Number	
SECTION 1: ACCOUNT HOLDER INFORMATION Employee's First Name Middle Last Name Home Address or PO Box City State Zip Code Home Telephone Work Telephone Email Address SECTION 2: PAYROLL DEDUCTION Payroll Deduction: \$ _ _ _ _ Monthly One Tin Payroll deduction changes are effective for the next pay periodhé &orm is submitted by the fift of the month. Forms received after § Zñ § Z(§ Z u) v § Zhay not be effective.	Change Payroll Deduction A	mount		
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