

A TRADITION OF EXCELLENCE

1300 North Main Street Nappanee, IN 46550 (574)773-3131 (574) 773-5593 FAX

HEALTH SAVINGS ACCOUNT PAYROLL DEDUCTION FORM

Establish Payroll Deduction for First Time Change Payroll Deduction Amount Stop Payroll Deduction

PERSONAL INFORMATION (PLEASE PRINT)

Employee Name:					
Address:					
Street	City	State	2	Zip	
Phone:	D	OB:			
	limits that can be contributed to nly and \$8,550 Family, less the e				
		1 7	,		
eligible for Medicare. Catch up		aximum of \$1,0	000 for 2025	calendar year) and older, but not 5. If you elect the HSA plan after ain enrolled in the HSA Medical	<u>:</u>
I am age 55 or o	older and would like to contribut	e an additional	\$1,000 for t	he 2025 plan year.	
PAYROLL DEDUCTION					
Elect the amount you wish to co	ontribute to your Health Savings	Account per p	ay period.		
Annual Deduction Amount:					
18 Pays					
24 Pays					
Authorization					
I authorize the pre-tax reduction	n of my salary on a per paycheck	basis, by the a	mount desig	gnated above.	
Signature:		Date	/	/	