Darien Board of Education

HSA Payroll Deduction Form

Employee Name	
Employee Number	
Amount to Deduct Each Pay Period	
Effective Date	

By signing below, I am authorizing the Darien Board of Education to make payroll deductions in the amount specified above. This Amount will be applied as a contribution to my HSA Account under the Board of Education's Medical Insurance HSA Plan. I will complete a new form if I wish to change or terminate this authorization. I acknowledge that I am not enrolled in any part of Medicare nor am I 65 or over and receiving Social Security payments. I also acknowledge that I understand and am fully responsible for ensuring that I do not exceed the IRS limitations for HSA contributions. I agree that the Board of Education may stop this payroll contribution if it determines that I am no longer eligible to make these contributions.

This form must be returned to the Payroll Department with an original signature at least 7 business days prior to the pay date for this HSA deduction.

Employee Signature: _____

Date: _____