# TOWN OF SUFFIELD

**Deduction Authorization for Health Savings Account (HSA)**

Name of Employee _____

Department _____

Employee ID#_____

- ❑ I authorize the Town of Suffield to make the following payroll deduction and to deposit it in my health savings account:

  $_____ per paycheck

- ❑ I choose not to make any payroll deductions to be deposited into my health savings account.

Requests to make a change must be received by the Human Resources Department or Finance Department at least one week before the beginning of the pay period.

Signature_____ Date _____

Form Issued 2026