

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.

I acknowledge that I will not be allowed to change my contribution again until the next quarter.

Requests to make a change must be received by the Human Resources Department or Finance Department at least one week before the beginning of a quarter. Quarters are defined as: July - September, October - December, January - March, and April - June.

Signature _____ Date _____