



HUMAN RESOURCES

Supporting The Academy of the New Church and The General Church of the New Jerusalem

Employee Health Savings (HSA) Deduction Authorization

Employee Name (please print)

With my signature I am authorizing an HSA deduction from my paycheck for the following amount:

1. Health Savings Account \$ _____ **Per Pay Amount (2 x month)**

2. Enrollment Type: Single (2013 Limit \$3,250)

Family/Couple (2013 Limit \$6,450)

Single 55+ (2013 Limit \$4,250)

Family/Couple 55+ (2013 Limit \$7,450)

3. This deduction should begin with the 1st or 2nd pay in _____
(month/year)

****Please note:** This change will override any existing HSA deduction currently in place. If you wish to change this deduction in the future you will need to resubmit this form with your changes.

Signature

Date

Please forward to:
Melanie Chiara
Payroll Department
Po Box 45, Bryn Athyn, PA 19009
(267) 502-2624 | phone
(267) 502-2627 | fax