Health Savings Account (HSA) Deduction Agreement

# Account Holder Information

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Employee ID #: |  |
|  | Last First |  |  |

|  |  |
| --- | --- |
| Dept. Name: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Day phone: |  | Home or Cell phone: |  |

# HSA Contribution Election

I hereby authorize and direct my employer to:

* Deduct       on a pre-tax basis from each of the first two paychecks of the month effective the month of       .
* Stop deductions from my paychecks effective the first paycheck of the month effective the month of      .

# Required Signature and Date

For change to be effective the following month, this form must be submitted to the Human Resources Department by noon on the fourth Wednesday of the month. I hereby acknowledge and agree to the terms and conditions of the Health Savings Account plan as established by the federal government and as administered by the Port of Seattle.

     

Employee Signature Date

**Copy for your records and then send the completed and signed form to either *HR* *Total Rewards Team at Pier 69* or scan and email to**[***portbenefits@portseattle.org***](mailto:portbenefits@portseattle.org)

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| --- |
| **For office use only:** Date entered in HCM |