

# health savings account (hsa) deduction agreement

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**

|  |
| --- |
| **Account Holder Information** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** | Click or tap here to enter text. |  **Employee ID #:** | Click or tap here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Department:** | Click or tap here to enter text. | **Day Phone:** | Click or tap here to enter text. |

|  |  |  |
| --- | --- | --- |
| **Cell/Home Phone:** | Click or tap here to enter text. |  |

|  |
| --- |
| **HSA Contribution Election** |

I hereby authorize and direct my employer to:

* Deduct Click or tap here to enter text. on a pre-tax basis from each of the first two paychecks of the month effective the month of Click or tap here to enter text..
* Stop deduction from my paychecks effective the first paycheck of the month effective the month of Click or tap here to enter text..

|  |
| --- |
| **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.

|  |  |
| --- | --- |
|  | Click or tap to enter a date. |
| *Signature* | *Date* |

**For office use only:** Date entered in HCM: Click or tap to enter a date.