



# Aetna HealthFund® Health Savings Account (HSA) Payroll Deduction

### Instructions

- This form allows you to have HSA contributions deducted from your payroll. You may use this form to authorize either a one-time transaction or periodic transfer.
- Please keep this form for your files.
- Please submit completed form to your **Employer's Payroll Department**.

### Account Holder Information

Name : Last		First		MI
Birthdate (MM/DD/YYYY) / /	Social Security Number / /	Daytime Telephone Number ( ) -	Evening Telephone Number ( ) -	
Street Address  _____				
City		State	Zip Code	Country
Employer Name				

### Payroll Deduction

Please check the following that applies:

**Lump sum:** I wish to authorize a ***one time*** contribution to my HSA in the amount of \$ \_\_\_\_\_.

**Periodic deduction:** I wish to authorize a contribution to my HSA in the amount of \$ \_\_\_\_\_ per pay period.

### Authorization

I hereby authorize my employer to deduct the amount(s) above from my pay and remit such amount(s) to Aetna Life Insurance Company or its designee ("Aetna") for deposit into my Aetna HSA. I understand that the timing of deductions will be established between Aetna and my employer. If I am paid more frequently than monthly, my employer may chose which paycheck to debit for the month, and/or may divide deductions between or among paychecks. If I have authorized periodic deductions I may terminate that authorization on at least one month's prior written notice to my employer.

**X** \_\_\_\_\_

Signature	Print Name	Date Signed
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