



DIOCESE OF CLEVELAND
HEALTH SAVINGS ACCOUNT (HSA)
PAYROLL DEDUCTION AUTHORIZATION

Submit this completed form to your payroll administrator

YOU MAY MAKE CONTRIBUTION ELECTION OR CHANGES:

- Upon enrollment in the MMO PPO/HSA Health Plan
- During open enrollment
- To make one additional payroll deduction contribution amount change any time during the plan year
- To stop payroll deduction contributions at any time

1. Complete Section A.
2. Complete Section B.
 - a. Indicate if this is a new contribution (new hire/newly eligible) OR if you are making a contribution change.
 - b. Indicate the pre-tax amount you would like to contribute per pay; this amount is in addition to the quarterly Diocesan contributions to your health savings account.
3. Sign and date the form and retain a copy for your records
4. Submit the signed, dated form to your payroll administrator.

SECTION A: EMPLOYEE IDENTIFICATION

NAME (LAST, FIRST, MI)	PHONE NUMBER	DATE OF BIRTH
STREET ADDRESS		
CITY, STATE, ZIP	EMAIL ADDRESS	

SECTION B: EMPLOYEE VOLUNTARY CONTRIBUTION

<input type="checkbox"/> NEW CONTRIBUTION	<input type="checkbox"/> CHANGE CONTRIBUTION This election supersedes any prior agreement for voluntary payroll contributions to my Health Savings Account.
COVERAGE LEVEL (check one) <input type="checkbox"/> Single Coverage <input type="checkbox"/> Family Coverage	I elect a per pay employee contribution of \$_____. Payroll deductions are withheld on a pre-tax basis. Any change to an existing payroll deduction will be effective the pay period following receipt of a signed authorization form. This authorization will remain in effect until a new authorization is received or until coverage in the MMO PPO/HSA medical plan ends.

PLEASE BE SURE TO COMPLETE THE REVERSE SIDE (PAGE 2) OF THIS FORM!

I affirm that:

- I am enrolled in the MMO/PPO HSA medical plan, have no other medical coverage, and am not participating in a flexible spending account (FSA).
- If married, neither I nor my spouse is participating in a flexible spending account. (FSA)
- I am eligible to open and contribute to a health savings account. (Detailed eligibility rules are found in IRS Publication 969. This publication is posted on the Diocesan Health Benefits Website.)
- I hereby request and authorize my employer to deduct from my pay the above-identified deduction and forward it to my health savings account.
- I understand it is my responsibility to manage my contributions in accordance with federal guidelines based on my eligibility as well as my dependents.
- I also understand that using my HSA funds for expenses other than those deemed qualified may subject me to tax penalties.

Employee Signature: _____ Date: _____

For Employer:

Received by: _____ Date: _____