



NueSynergy

CUSTOMER FOCUSED • TECHNOLOGY DRIVEN

HSA Payroll Deferral Form

General Information

Name: _____ Employee ID (if applicable): _____

HSA Account # (if applicable): _____ Routing #: _____

Payroll Deferral Request

I request that my employer defer the following amount from my pay and direct the money into an HSA account on a pre-tax basis. (Employee only maximum annual contribution is \$3,500; Family coverage maximum annual contribution is \$7,000)

Pay Per Period \$ _____ Multiply by the number of pay periods to get your annual contribution amount. (_____ number of pay periods)

Other Please explain: _____

Signature and Submission Information

Employee Signature: _____ Date: _____