

HEALTH SAVINGS ACCOUNT

Payroll Deduction Change Authorization Form

Employee Legal Name (Printed):	Social Security Number: XXX-XX-_____
Pay Group (circle one): Weekly Bi-Weekly	Company Name:
Empower/Optum Bank Health Savings Account (HSA) Change	
Your change will be processed in the next available pay period.	
Type of Change: <input type="checkbox"/> Change Current HSA Contribution Amount <input type="checkbox"/> Cancel my HSA Contribution	On-Going Contribution Per Pay Period: \$ _____ One-Time Lump Sum from Paycheck: \$ _____
Payroll Acknowledgement	
<p>I understand that I can only participate in an HSA account if I elect to be covered under The Heritage Group High Deductible PPO Health Plan. I hereby authorize The Heritage Group Payroll Department to withhold the amount listed above from each of my payroll checks.</p> <p>I hereby authorize The Heritage Group (THG), or its agent(s) to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries made in error to the above-mentioned account each pay period. I acknowledge that the information on this form will be provided to the designated financial institution, and/or its agent(s) for the purpose of processing payments.</p> <p>This authority will remain in effect until I have changed or cancelled my account by submitting the proper HSA Payroll Deduction Change Authorization Form or dropping the HSA medical plan. A Photostat copy of this authorization shall be considered as effective and valid as the original.</p> <p>I hereby authorize The Heritage Group Payroll Department to withhold the amount listed above from each of my payroll checks to fund my HSA account.</p>	
Employee Signature Section	
Employee Signature:	Date:
Submit your completed form to HR Shared Services	
Scan & Email: HRSS@thgrp.com Fax: (317) 228-8424 Questions? Call: 800-303-0408	Mail: The Heritage Group ATTN: HR Shared Services P.O. Box 68123 Indianapolis, IN 46268

