HEALTH SAVINGS ACCOUNT

One-Time Lump Sum HSA Contribution Authorization Form

Employee Legal Name (Printed):	Social Security Number:
	XXX-XX
Pay Group (circle one):	Company Name:
Weekly Bi-Weekly	
Empower/Optum Bank Health Savings Account (HSA) Change	
Your change will be processed in the <i>next</i> available pay period.	One-Time Lump Sum from Next
Please Note: The amount on this form will be in addition to your regular HSA deduction (if any) for one paycheck.	Paycheck: \$
Example: Bob's regular HSA deduction per paycheck is \$20. He wants a one- time lump sum contribution of \$1,000. His total HSA deduction amount will be \$1,020. His regular, ongoing HSA deduction will return to \$20 in the next payroll cycle.	
Payroll Acknowledgement	
I understand that I can only receive company HSA contributions and personal payroll deferrals towards an HSA in the Optum Bank Health Savings Account (HSA) if I elect to be covered under The Heritage Group High Deductible PPO Health Plan and elect to have the account opened and opt into contributions. I hereby authorize The Heritage Group Payroll Department to withhold the amount listed above from payroll check and deposit it to the above-mentioned account in my name.	
I understand my regular, on-going HSA contribution will revert to my current election amount in the pay period following the lump-sum contribution instructions above.	
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. 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 this request.	
Employee Signature Section	
Employee Signature:	Date:
Submit your completed form to Employee Hub	
Scan & Email: EmployeeHub@thgrp.com	
Questions? Call: 1-800-303-0408	

