

***RICHMOND COMMUNITY SCHOOLS
35276 DIVISION ROAD
RICHMOND, MI 48062
(586) 727-3565***

HSA CONTRIBUTION PAYROLL DEDUCTION FORM

_____ I would like to have _____ deducted from my payroll each pay beginning on _____. I understand that this is a pre-tax deduction and will be deposited into my individual HSA account with Health Equity.

_____ I would like to have a one time payroll deduction of _____ to be withheld from my pay on the pay dated _____. I understand that this is a pre-tax deduction and will be deposited into my individual HAS account with Health Equity.

Employee Signature

Date