



## HSA CONTRIBUTION FORM

Please indicate below the amount you wish to have deducted pre-tax from each pay check and deposited into your HSA account. Return this form to the Payroll Manager in Human Resources.

*\*Maximum annual contribution amounts are determined by the IRS each year. The City of Roswell will allow employee contributions up to this amount minus the expected annual city contribution.*

Amount per pay period: \$ \_\_\_\_\_

*\*If you are age 55 or older, you are allowed an additional "catch-up" contribution of up to \$1,000 per year. If you wish to max out your annual contribution to include this catch up, please initial here: \_\_\_\_\_*

I hereby authorize my employer, City of Roswell, to deposit the amount specified above into my Health Savings Bank Account.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Your Name (please print)