Payroll Notified	
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Employee Authorization for Payroll Deductions to Health Savings Account

I Wish To:			
☐ Begin a deduction ☐ Change my deduction ☐ Stop my deduction ☐ One Time Contribution			
Section 1: Employee Information			
Name	Social Security Number:		
Mailing Address	Phone Number		
City/State/Zip Code	Email Address		
Section 2: Calculate your Per-Paycheck Contribution			
The most the IRS will allow deposited into your HSA per year (employer + employee) contribution Limits for 2025	Family HSA \$8,550.00	Single HSA \$4,300	
Employee's Contribution per Paycheck:	\$0,000.00	ψ 1,000	
Number of Paychecks remaining for this year:			
Annual Contribution:			
Effective Date (Payroll Date):			
Note: You risk paying IRS tax penalties if you exceed the allowed annual contribution. Be sure	to consider any amounts	you have	
already contributed if this is a mid-year change. *If you are age 55 or older, you can make an additional "catchup" annual contribution of \$1,000. For expense, the second of the second	vample if you are age 55 or	older	
the single annual maximum contribution would be \$5300 and family would be \$9550. (Remember to fac			
Section 3: Financial Institution and Election Amount			
Financial Institution:	Contributing to this HSA is completely		
Address:	voluntary and I am solely responsible for		
Account No:	•		
	determining whether my contribution is in		
Bank Routing No:	compliance with IRS re	egulations	
Section 4: Employee's Signature	compliance with ite	egalations.	
By signing this form, I am requesting that payroll deduction be started or changed. I certify that I have examined this agreement and agree to comply with the terms and conditions of the Plan. I agree to hold Dodge County harmless from any liability to my participation in this plan. New Hires: I acknowledge that failure to submit this form to HR within 30 days of hire will result in forfeiture of the Dodge County HSA contributions until the form is completed and submitted to Human Resources. Employer contributions will begin with the next payroll processed.			
imployee Signature:Date:			