

**SEBEKA PUBLIC SCHOOL
Change of HSA Deduction**

Employee Name _____

Please complete section 1, 2 or 3 below:

1. Additional Deduction

I wish to have an additional \$ _____ HSA deduction from my
paycheck on a pre-tax basis to be deposited in my Health Savings Account (HSA) for pay
period(s) _____, _____, _____.

2. Change Deduction

I wish to change my HSA deduction from \$ _____ per pay period to
\$ _____ per pay period on a pre-tax basis to be deposited in
my Health Savings Account. This is an on-going election.

3. Stop Deduction

I wish to stop my deductions for my Health Savings Account effective _____
pay period.

Employee Signature _____

date _____