



SALARY REDIRECTION AGREEMENT FOR HEALTH SAVINGS ACCOUNT



Return this form to your company payroll manager. Please DO NOT return this form to Sterling Health Services Administration.

I, _____, an employee of _____, authorize the payroll department to deduct \$ _____ from my paycheck and to direct the proceeds to Sterling HSA for investment into my health savings account. The deduction will be made (check one box below for frequency of deduction):

- Per pay period
- Monthly
- Other _____

Please begin this redirection for the payroll period beginning _____. This notice is in effect until further notice.

EMPLOYEE INFORMATION:

Name: _____

Address: _____

City, State, Zip: _____

Social Security #: _____

Employee Signature

Date

Approved by

Date