



Town of Southington

HEALTH SAVINGS ACCOUNT (HSA) SALARY REDIRECTION AGREEMENT

PURPOSE: Use this information to make contributions to your HSA account through pre-tax payroll deductions. You can also use this form to change your monthly contribution amounts.

EMPLOYEE INFORMATION

Employee Name _____ Employee ID _____

Address _____

City/State/Zip _____

Home Phone _____ Cell Phone _____

EMPLOYEE BI-WEEKLY CONTRIBUTION

Indicate the amount, in dollars, that you would like to contribute from September through June (total of 26 deductions).

I authorize the Town of Southington to deduct \$ _____ before taxes from my bi-weekly pay and direct the proceeds into my health savings account listed below. This deduction is in force until further notice.

Employee Signature _____ Date _____

PEOPLE'S UNITED BANK HEALTH SAVINGS ACCOUNT

People's United Bank Routing # 221172186

HSA Account # _____

Account Confirmed by _____ Date _____
People's United Bank Representative

Return form to the Payroll/Benefits department at Southington Public Schools.