



HSA Deduction Authorization Form

Please complete below boxes

Note 1: Annual goal amount submitted is divided by the remaining weeks left in the year to calculate your weekly deductions. In addition, any deductions prior to this change will be included in your annual goal amount. (Example: If you elect \$3700 in February and \$500 has already been deposited from January, \$3200 will be the amount divided by the remaining weeks left in the year).

Note 2: Changes are captured the 1st of the following month and will not reflect until 2nd or 3rd pay period of that following month.

Note 3: Profit Share contributions are not included in your elected annual goal amount provided below, however it's important to calculate accordingly to prevent exceeding the IRS allowed annual limit. If you exceed the IRS allowed annual limit you are subject to penalty fees.

Print Employee Name	
Employee ID Number	
Last 4 Digits of SSN	
HSA Deduction Amount	Annual\$ _____

Authorization:

I hereby authorize Rolls-Royce NAFSC to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account as indicated above.

Employee Signature	
Date	

Return to UAW Benefit Office upon completion