

**Prescott College**  
**Health Savings Account Deduction Form**  
Benefit Plan Year: 01/01/2012 - 12/31/2012

**Employee Information:**

Name: \_\_\_\_\_ SSN \_\_\_\_\_

HSA Per Pay Period Deduction Amount: \$ \_\_\_\_\_

Pay Date to begin/change this deduction amount: \_\_\_\_\_

Note:

\*First pay date in 2011 is 1/13/2012

I authorize Prescott College to make pre-tax deductions from my gross pay for my Health Savings Account, as shown above. This authorization will remain in effect until a new deduction form is completed and signed by employee.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_