

**Merit Asphalt LLC
HSA Payroll Deduction Authorization**

Employee Name	Social Security Number

I am authorizing my employer, Merit Asphalt LLC to withdraw each pay period the amount shown below for remittance to my personal Health Savings Account (HSA). These payroll deductions are made pre-tax in accordance with an IRS-qualified Section 125 Cafeteria program established by my employer.

I affirm the following four statements are true:

- 1) I am enrolled in a high-deductible Health Savings Account qualified health plan
- 2) I am not covered by another health plan, including any type of Medicare (Part A, Part B, Part D or Part C/ Advantage plan)
- 3) I do not have access to a Flexible Spending Account (FSA) plan for medical expenses, even through my spouse. *Note: This is not an issue if the flexible spending account is a "limited purpose" flex plan (limited to just dental and vision expenses).*
- 4) I am not claimed as a dependent on another individual's tax return

This authorization remains in effect until I notify my employer in writing of my intent to change or discontinue payroll deposits into my HSA. I understand that I may make changes to my HSA deduction amount throughout the year.

Merit Asphalt LLC is not responsible for establishing or maintaining my personal Health Savings Account.

I agree to have the following amount withheld from my earnings each pay period for direct deposit into my Health Savings Account: \$ _____.

Banking Information (required):

Bank Name	
Account Number	
Routing Number	

Employee Name (printed)

Signature

Date