

[Employee Full Name]
[Employee ID Number]
[Home Address]
[City, State, Zip Code]
[Date]

[Employer Name]
[HR/Benefits Department]
[Company Address]
[City, State, Zip Code]

Subject: Letter of Authorization for Employer-Sponsored Health Savings Account (HSA) Initiation

To Whom It May Concern,

I, [Employee Full Name], hereby authorize [Employer Name] to initiate the opening of a Health Savings Account (HSA) on my behalf through the company's designated financial institution, [Name of HSA Provider/Bank].

I confirm that I am enrolled in a High Deductible Health Plan (HDHP) and meet all federal eligibility requirements to contribute to an HSA. I understand that this account will be used for the purpose of receiving employer contributions and/or processing pre-tax payroll deductions as elected during my benefits enrollment.

I authorize [Employer Name] to share the necessary personal information required by the financial institution to establish the account, including but not limited to my name, address, Social Security Number, and date of birth.

Furthermore, I authorize the following payroll deduction details:

- **Per Pay Period Deduction:** \$[Amount]
- **Effective Date:** [Date]

I acknowledge that I am responsible for ensuring my total annual contributions (including employer contributions) do not exceed the annual limits set by the IRS. I also agree to abide by the terms and conditions set forth by [Name of HSA Provider/Bank].

Thank you for your assistance in establishing this account.

Sincerely,

[Signature]

[Printed Name]