

# HEALTH SAVINGS ACCOUNT

## Lump Sum Contribution Form

<b>Employee Legal Name (Printed):</b>	<b>Social Security Number:</b>  XXX-XX-_____
<b>Pay Group (circle one):</b>  Weekly      Bi-Weekly	<b>Company Name:</b>
<b>Your change will be processed in the next available pay period.</b>	
<b>One-Time Lump Sum from Paycheck:</b> \$ _____	
<b>Payroll Acknowledgement</b>	
<p>I understand that I can only participate in an HSA account if I elect to be covered under Arcwood Environmental High Deductible PPO Health Plan. I hereby authorize Arcwood Environmental Payroll Department to withhold the amount listed above from my payroll check.</p> <p>I hereby authorize Arcwood Environmental, or its agent(s) to initiate an electronic credit entry to the above-mentioned account. I acknowledge that the information on this form will be provided to the designated financial institution, and/or its agent(s) for the purpose of processing the payment.</p> <p>I hereby authorize Arcwood Environmental Payroll Department to withhold the amount listed above from my payroll check to fund my HSA account.</p>	
<b>Employee Signature Section</b>	
<b>Employee Signature:</b>	<b>Date:</b>
<b>Submit your completed form to HR Services</b>	
<b>Email:</b> HRS@heritage-enviro.com <b>Fax:</b> (317) 486-2969 <b>Questions? Call:</b> (317) 390-3148	<b>Mail:</b> Arcwood Environmental ATTN: HR Services 6510 Telcom Drive, Suite 400 Indianapolis, IN 46278

