

TORRINGTON BOARD OF EDUCATION

HSA Medical Deduction

PRINT NAME:

BI-WEEKLY AMOUNT:

ONE-TIME AMOUNT:

EFFECTIVE PAYROLL DATE (MUST BE SENT TO PAYROLL AT LEAST TWO WEEKS IN ADVANCE)

Signature

Date

**AMOUNT STATED ABOVE WILL BE EFFECTIVE UNTIL PAYROLL IS NOTIFIED
OF ANY WRITTEN CHANGE**