



**CITY OF ROHNERT PARK**

**VOLUNTARY PAYROLL DEDUCTION AUTHORIZATION FORM  
REMIF \$1,500 HEALTH SAVINGS ACCOUNT (HSA) PLAN**

Please complete this form and return it directly to the Payroll Department.

I, \_\_\_\_\_, acknowledge and agree to a payroll

(Please Print)

deduction each pay period for my REMIF \$1,500 HSA Plan contributions.

By my signature below, I authorize a payroll deduction of \$\_\_\_\_\_ \* per pay  
period effective \_\_\_\_\_ for the \_\_\_\_\_ paycheck.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

FOR 2023:

\*Single Coverage Annual Maximum Contribution: \$3,850

\*Family Coverage Annual Maximum Contribution: \$7,750

\*Individuals 55 years and older can also make additional "catch-up"  
contributions of \$1,000 annual maximum.