

HSA Contribution Form



Employee Information and Authorization

Employee Name	Employee ID Number	Last 4 of SSN or MotivHSA ID Number
Please withhold \$ _____ from my monthly payroll and apply funds to my MotivHSA.		
Signature		Date

Please Email, fax or mail completed form to:

Email: elsa.akina@loganschools.org or to blanca.galvan@loganschools.org

Mail: Send through school/district interoffice mail or mail to

Attention: Payroll/Benefits Department
Logan City School District
101 West Center
Logan, UT 84321

Fax: (435)755-2311