



Health Savings Account (HSA) Change Form

Please complete this form if you would like to change the contribution amount to your Health Savings Account. Changes are effective during the pay period you return the completed form to Human Resources unless you indicate a later date.

Employee Information:

Name _____ Department _____ EID _____

Note: Changes must be received no later than the last day of the pay period to be effective on that pay period.

Health Savings Account Deferral Change*	Current Per Pay Period Election: \$ _____	New Per Pay Period Election: \$ _____
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*Per IRS regulations, annual contribution limits are in place. Please refer to the Benefits Information online for the current annual contribution limits.

Bi-weekly contribution change effective date: _____

One-time Lump Sum Contribution Request

I would like to make a one-time lump sum contribution in the amount of \$ _____ on paycheck dated ____/____/____. My current designated bi-weekly contribution will not occur in addition to lump sum contribution on this requested date; however, my bi-weekly designation will resume on subsequent pay periods until I submit a new bi-weekly designation.

Your signature acknowledges that you understand and accept that the requested changes to your Health Savings Account deferral will remain in place until you complete a new change form or make adjustments during Open Enrollment. Changes to your HSA contribution can be made at any time during the year and do not require a Qualifying Life Event.

Employee Signature: _____

Date: _____

FOR HUMAN RESOURCES USE ONLY:

Change Form Received _____ PP Effective Date: _____

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