

Health Savings Account (H.S.A.) Contribution Change Form

Complete this form to make changes to your Health Savings Account contribution amount.
Return it to Human Resources for processing.

Employee Name: _____

Contribution Information

You may change your H.S.A. contribution at any time. You may make the contributions over the course of the year, all at once, or for a specified time period.

You may not reduce your annual amount below what you have contributed to date.

Maximum 2018 annual contribution

Employee only coverage.....\$3,450.00

Family coverage.....\$6,900.00

Age 55 or older may contribute an additional \$1,000.00 catch-up

Change Health Savings Account Contributions

- ☐ Change my contributions to _____ per pay period for the rest of the year.
- ☐ Change my contributions to _____ per pay period for the next _____ pay periods then stop contributions.
- ☐ Stop contributions.

Changes will take effect the first payroll after the request is submitted and processed.

Signature: _____ Date: _____