



HSA CONTRIBUTION CHANGE FORM

Instructions

Use this form to make changes to the amount you are contributing to your HSA via payroll deduction. You may start (enrollment form required), stop, or change your HSA election at any time to be effective with the next payroll. For example, if you contribute \$100 a month to your HSA beginning in July and decide in October that you would like to change your contribution to \$150 per month, the change will take place with the November payroll.

The completed HSA Contribution Change Form must be returned to Human Resources.

To Be Completed By Employee

Employee Name _____
First MI Last

Employee ID # _____

I wish to change my HSA contribution to: \$ _____ per month.

Signature of Employee

Date