

HEALTH SAVINGS ACCOUNT (HSA) CONTRIBUTION CHANGE REQUEST FORM

***PLEASE RETURN COMPLETED FORM TO PAYROLL (Chris Erickson)**



EMPLOYEE INFORMATION

Name (First, MI, Last)

Social Security #

Street Address

City

State

Zip Code

Home Phone

Email Address

HSA CONTRIBUTION CHANGE REQUEST

I hereby authorize my employer to change my payroll deduction amount for my Health Savings Account as noted below:

I elect to change my HSA contribution amount per pay period to \$ _____, effective with the next available payroll cycle.

I elect to start/re-start contributions to my HSA account in the amount of \$ _____ per pay period, effective with the next available payroll cycle.

I elect to stop contributing to my HSA account effective with the next available payroll cycle. I understand that I may restart contributions at any time by completing a new Contribution Change Request Form.

Note: For 2020, the maximum yearly contribution for individuals may not exceed \$3,550. The 2021 individual limit is \$TBD. The maximum yearly contribution for a family may not exceed \$7,100 in 2020 and may not exceed \$TBD in 2021. Eligible participants aged 55 or older may also contribute up to \$1,000 as a catchup contribution each year. Employer contributions must be included when determining the maximum amount to contribute to your HSA account.

*If you need assistance to determine your contribution maximum, please contact
Carey Murphy at cmurphy@d103.org or (847) 295-4030 ext. 9312.*

Employee Signature

Date

For Office Use Only

Date Received: / /

Processed By:

Date Processed: / /

Notes: