

## HEALTH SAVINGS ACCOUNT (HSA) Contribution Election/Change Form

<b>EMPLOYEE NAME</b>	<b>S#</b>
<p style="text-align: center;"> <input type="checkbox"/> Initial Request                  <input type="checkbox"/> Change Request                  <input type="checkbox"/> Age 55 catch-up contributions         </p> <p> <input type="checkbox"/> I elect to withhold \$ _____ per paycheck, on a pre-tax basis, for deposit to my HSA beginning on:         </p> <p style="margin-left: 40px;">             Month _____                  <input type="checkbox"/> 1st - 15th pay period                  <input type="checkbox"/> 16th - 31st pay period         </p> <p> <input type="checkbox"/> I wish to stop my voluntary HSA payroll deductions ending on:         </p> <p style="margin-left: 40px;">             Month _____                  <input type="checkbox"/> 1st - 15th pay period                  <input type="checkbox"/> 16th - 31st pay period         </p> <p><i>Please allow adequate time to process your request.</i></p>	
<p><i>I understand that it is my responsibility to determine if I am eligible to make HSA contributions. It is also my responsibility to monitor and ensure that contributions (including that of my employer and other post-tax sources) to my HSA do not exceed the IRS limits.</i></p> <p><i>I hereby authorize the above indicated pre-tax payroll deductions as my contribution(s) to my health savings account until changed by me in writing. I also authorize my Employer to make withdrawals from my HSA in the event that a credit entry is made in error. I understand that the HSA custodian may provide my HSA account number to my employer to facilitate the money transfer. I further understand that the date of my deduction may differ from the date the funds are actually deposited and are available for use. I understand that this election is voluntary and that I have the option to stop or change this deduction throughout the year by submitting the appropriate forms to the HR Benefits Department (AAB 201).</i></p>	
<b>EMPLOYEE SIGNATURE:</b>	<b>DATE:</b>

### IRS Maximum HSA Contribution Limits (all funding sources)

	Employee-Only Coverage	Two-Party/Family Coverage
2017	\$3,400	\$6,750
Age 55 or older catch-up limit	\$1,000	

#### INTERNAL USE ONLY:

Received date:	Processed by:	Payroll effective date: