



# HEALTH SAVINGS ACCOUNT (HSA) CONTRIBUTION CHANGE FORM

Use this form to make a one-time contribution to your HSA account, or to change an existing HSA contribution.

Please complete and sign this form and return it to your Employer.

## HSA Accountholder Information

\_\_\_\_\_  
Last Name First Name Middle Initial

\_\_\_\_\_  
Social Security Number (last four only) Employer Name

## Change Current Election

I want to add a one-time contribution to my HSA account effective on the following payroll date:  
(MM/DD/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_ The amount of this contribution should be: \$ \_\_\_\_\_

I want to change my HSA Plan contributions effective on the following payroll date:  
(MM/DD/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_

Existing Annual Election: \$ \_\_\_\_\_ Deduction per Pay Period: \$ \_\_\_\_\_

New Annual Election: \$ \_\_\_\_\_ Deduction per Pay Period: \$ \_\_\_\_\_

The above change will become effective on the following Payroll Date: \_\_\_\_\_

**I authorize my employer to deduct the new HSA contribution amounts shown above from my paycheck(s). I understand that I am responsible for ensuring that my annual HSA contributions do not exceed IRS guidelines.**

\_\_\_\_\_  
Signature of Account Holder

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Employer

\_\_\_\_\_  
Date