



HSA CONTRIBUTION CHANGE FORM

Instructions

1. 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 as long as the change is effective prospectively. For example, imagine that in February you begin contributing \$100 a month to your HSA. In August, you decide that you want to increase your contribution to \$150 a month and you file a contribution change form. Your contribution will increase to \$150 a month beginning in September.
2. The completed HSA Contribution Change Form must be returned to your employer. Your employer will make the corresponding change to your payroll deduction and will forward the change form to Benefit Extras on your behalf. If you have any questions regarding your HSA account, please call Benefit Extras at **(952) 435-6858** or toll-free at **866-435-6858**.

Accountholder Information

Last Name	First Name	Middle Initial
Social Security Number	Employer (Required)	
Telephone Number	E-mail Address	
Street Address		
City	State	Zip Code

Regular HSA Contributions

- Change my HSA Contribution to \$ _____ per payroll to be effective on _____.
(Maximum annual HSA contributions for 2018 are \$3,450 for single and \$6,900 for family; 2017 maximum annual HSA contributions are \$3,400 for single and \$6,570 for family.)
- Change my contribution level to Single Family
- My Employer contribution should change to _____ effective on _____.
- I wish to discontinue payroll contributions to my HSA effective on _____.

Catch-Up HSA Contributions (available to those 55 or older during the plan year)

- I wish to make a catch-up HSA contribution in the amount of \$ _____ per payroll to be effective on _____. Maximum annual catch-up contribution is \$1,000.

Signature

I certify that I am the HSA accountholder or an individual authorized to execute this transaction. I have read and understand the instructions and any rules or conditions relating to and have met the requirements for making this transaction. I assume full responsibility for this transaction and will not hold TPA or Healthcare Bank liable for any adverse consequences that may result. I have not received tax or legal advice from TPA or Healthcare Bank and, if necessary, will seek the advice of a tax or legal professional to ensure my compliance with related laws. All information provided by me is true and correct and may be relied upon by TPA and Healthcare Bank. If I have chosen rollover as the contribution type, I make an irrevocable election to treat this transaction as such.

Signature of HSA Accountholder

Date