

# HEALTH SAVINGS ACCOUNT REQUEST FOR CHANGE IN PARTICIPATION



Plan Year: \_\_\_\_\_ Employer: \_\_\_\_\_  
Social Security Number: XXX - XX - \_\_\_\_ \_\_\_\_ \_\_\_\_ Date of Birth: \_\_\_\_\_  
First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Daytime Phone: (\_\_\_\_) \_\_\_\_\_ Date of Hire: \_\_\_\_\_  
Email: \_\_\_\_\_

## CHANGE IN PARTICIPATION or TERMINATION

I hereby revoke any previous authorization for the current year and authorize my employer to make the pre-tax payroll deductions, which I have indicated below. I also understand that deductions will be taken in equal amounts from each of my paychecks, but only if my pay is sufficient to cover those amounts.

## HEALTH SPENDING ACCOUNT

### NEW MONTHLY HSA CONTRIBUTION:

I authorize my employer to deduct \$\_\_\_\_\_ from my payroll, in equal amounts, to be placed in my Health Savings Account. *This amount should not exceed IRS allowed maximums and may include certain rollovers from other eligible accounts.*

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## RETURN COMPLETED FORM TO YOUR HUMAN RESOURCES DEPARTMENT

### FOR EMPLOYER USE ONLY

Change Approved:  Effective Date: \_\_\_\_\_ Change Denied:

Employer Signature: \_\_\_\_\_ Date: \_\_\_\_\_