



Health Savings Account (HSA) Change Form

Please complete this form if you would like to change the contribution amount to your Health Savings Account.

IRS Regulations Annual Contribution Limits				
YEAR	INDIVIDUAL MAXIMUM CONTRIBUTION	FAMILY MAXIMUM CONTRIBUTION	AGE 55+ CATCH-UP	
2025	\$4,300	\$8,550	\$1,000	To max out your contribution limits, please contact HR for assistance.

Employee Information:

Name _____ Department _____ EID _____

Note: Changes are effective no sooner than the first of the pay period after your form has been submitted to HR.

Health Savings Account Deferral Change	Current Per Pay Period Election: \$ _____	New Per Pay Period Election: \$ _____
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Bi-weekly contribution change effective Pay Period Start date: _____

One-time Lump Sum Contribution Request

I would like to make a one-time lump sum contribution in the amount of \$_____ on paycheck dated ____/____/____. My current designated bi-weekly contribution will not occur in addition to lump sum contribution on this requested date; however, my bi-weekly designation will resume on subsequent pay periods until I submit a new bi-weekly designation.

Your signature acknowledges that you understand and accept that the requested changes to your Health Savings Account deferral will remain in place until you complete a new change form or make adjustments during Open Enrollment. Changes to your HSA contribution can be made at any time during the year and do not require a Qualifying Life Event.

Employee Signature: _____ **Date:** _____

FOR HUMAN RESOURCES USE ONLY:	
Change Form Received _____	PP Effective Date: _____
<input type="checkbox"/> Munis Entry	