

**HEALTH SAVINGS ACCOUNT (HSA)
CONTRIBUTION CHANGE REQUEST FORM**

***PLEASE RETURN COMPLETED FORM TO SENSORY TECHNOLOGIES PAYROLL**

EMPLOYEE INFORMATION

Name (First, MI, Last) Social Security #

Street Address

City State Zip Code

Home Phone Email Address

HSA CONTRIBUTION CHANGE REQUEST

I hereby authorize my employer to change my payroll deduction amount for my Health Savings Account as noted below:

- I elect to change my HSA contribution amount per pay period to \$ _____, effective with the next available payroll cycle.
- I elect to start/re-start contributions to my HSA account in the amount of \$ _____ per pay period, effective with the next available payroll cycle.
- I elect to stop contributing to my HSA account effective with the next available payroll cycle. I understand that I may restart contributions at any time by completing a new Contribution Change Request Form.

Note: For 2017, the maximum yearly contribution for individuals may not exceed \$3,400. The 2018 individual limit is \$3,450. The maximum yearly contribution for a family may not exceed \$6,750 in 2017 and may not exceed \$6,900 in 2018. Eligible participants aged 55 or older may also contribute up to \$1,000 as a catchup contribution each year. Employer contributions must be included when determining the maximum amount to contribute to your HSA account.

If you need assistance to determine your contribution maximum, please contact the Elements Financial HSA Call Center at 855-440-4472.

Employee Signature

Date

For Office Use Only	
Date Received: / /	Processed By:
Date Processed: / /	Notes: