

HSA Employee Contribution Change Request

Employee Information

Employee *Printed* Name: _____

Employee Number: _____

Contract Group: _____

I hereby elect to **CHANGE** my employee HSA election to \$_____ per pay period.

I hereby elect to **stop** all future **employee** HSA deductions.

Effective Date: _____

****Please note that annual election limits exist. All election changes must be requested in a per pay period amount. Call Corporate Health Systems at 952-939-0911 for guidance on the maximum contribution you may elect.***

Election changes will be effective within two pay periods from the submission of this form.

Employee Signature: _____

Date: _____

2019 Limits

	Up to age 55	Age 55+
Single	\$3,500	\$4,500
Family	\$7,000	\$8,000

Contribution limits are a combination of employer and employee funds. Limits are set by the IRS, not the district.

HR Use Only

Age 55: Yes No

Received: _____

TIES: _____