



HEALTH SAVINGS ACCOUNT PAYROLL DEDUCTION CHANGE FORM

Use this form to make changes in the amount of your HSA deferral. All deposits will be made to your account at the City designated bank. You should have already established an HSA with the City designated bank. If not, contact the Benefits Coordinator for more information on how to do this.

Payroll deduction changes will begin as soon as reasonably possible provided all of the information below is complete.

The employee is responsible to monitor his/her account to insure that the total amount designated to a HSA does not exceed the federal maximum contribution for the year. The employee is responsible for understanding the rules associated with an HSA and eligibility to participate.

2014 Limits	Normal Deferral	Age 55+ Deferral
Single	\$3,300	\$4,300
Family	\$6,550	\$7,550

Employee Name: _____ Employee #: _____

I authorize my employer to defer \$_____ from my pay each pay period to be deposited into my HSA at the City designated bank.

Change to be effective on: ____/____/_____.

Please indicate which type of deferral is included in the above amount:

Normal deferral

Age 55+ deferral

Employee Signature _____ Date _____

Employer Use Only

_____ \$ _____

Date Received _____ Maximum Deferral _____ First PR Deduction _____