



## HSA Contribution Change Form

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Employee name: (print full name):** \_\_\_\_\_

**LFUCG employee ID:** \_\_\_\_\_

**Current contribution amount (per pay period):** \$ \_\_\_\_\_

**Change my Health Equity Health Savings Account deduction to this dollar amount,**  
\$\_\_\_\_\_ beginning \_\_\_\_/\_\_\_\_/\_\_\_\_ pay date.

\*\*Please note that it is the HSA account holder's responsibility to manage the annual contribution limits with respect to the IRS regulations.

\*\*Contribution change forms must be submitted to the Benefits office via email, fax, or interoffice mail the week prior to the pay date it is to be deducted.

\*\*A separate form must be completed for each change.

\_\_\_\_\_  
**Employee's signature**

\_\_\_\_\_  
**Date submitted**

