



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

