



Please complete form and return to the Risk Management Dept.
Phone (772) 429-5521 Fax: (772) 429-5522

Health Savings Account Contribution Change Form 2020

This form should be used to make changes to your Health Savings Account ("HSA") contribution. Changes can be made to your HSA contribution at any time. You can increase, decrease, or stop your semi-monthly contribution, provided you are enrolled in a high deductible health plan ("HDHP") and you do not exceed limits set by the IRS.

The maximum contributions in 2020 are: \$3,550 for an individual: \$7,100 for a family. Individuals age 55 and over may make catch-up contributions. In 2020, the maximum catch-up contribution is \$1,000. Annual contribution limits apply regardless of whether the contributions are made by an individual, the individual's employer, or any other person. **It is the employee's responsibility not to exceed the IRS maximum contribution limit(s).**

Contribution changes are effective on the next available payroll following the Risk Management Department's receipt of a properly completed and signed Health Savings Account Contribution Change Form.

Name: _____ Date: _____

Work Location: _____ Last 4 digits of SSN: _____

Current Contribution per pay period: \$ _____

New Contribution per pay period: \$ _____

One-time Contribution: \$ _____

(After one-time contribution is made, the HSA contribution will revert back to the current contribution unless otherwise noted.)

By signing below, I am requesting that the above changes be made to my employee contribution that is deposited into my Health Savings Account. I also understand that it is my responsibility to monitor my Health Savings Account and not to exceed the IRS maximum contribution limits.

Signature

Date

Office Use Only

Received by: _____

Date Received: _____

Effective Date: _____