

West Chester Area School District

Health Savings Account (HSA) Change Request Form

Employee Information

Name (First, MI, Last)

Employee ID #

City

State

Zip Code

Home Phone

Email Address

HSA Contribution Change Request

I hereby authorize my employer to change my payroll deduction amount for my Health Savings Account as noted below:

I elect to change my HSA contribution amount per pay period to \$_____, effective with the next available payroll cycle*

I elect to start/re-start contributions to my HSA account in the amount of \$_____ per pay period, effective with the next payroll cycle*

I elect to stop contributing to my HSA account effective with the next available payroll cycle* and I understand that I may restart contributions at any time by completing a new Contribution Change Request Form.

By signing this form, I am authorizing the following:

- I agree to the above payroll deduction request and will submit this form to my Employer for processing.
- I authorize my employer to reduce my pay before taxes on a "per pay period" basis as indicated above.
- I understand my payroll contribution election is for one HSA plan year and that I can add, change or revoke my HSA contribution at will in accordance with the Plan's HSA rules.
- I understand that my election contributions and changes must comply with federal regulations and the Internal Revenue Code (IRC) rules and that it is my responsibility to ensure that the total annual contribution limits, including my employer's contribution, are not exceeded.
- I understand that the date of my payroll may differ from the date the funds are actually deposited and are available for use.
- I certify that I am eligible to make HSA contributions and I understand my Employer will rely on this certification in making the contributions to my HSA and for appropriate tax withholding and reporting.
- I understand it is my responsibility to watch the deductions on my paycheck to ensure this change has taken place.

Employee Signature

Date

Please submit this completed form to the Benefits Office. Incomplete forms and/or forms without a signature will not be processed.

*The HSA contribution change will take place on the next payroll cycle assuming that this form is received in the Benefits Office by end of day Wednesday prior to the next payroll date.

Please note, for the 2020 calendar year, the maximum annual contribution for individuals may not exceed \$3,550 and the maximum annual contributions for family may not exceed \$7,100. Eligible participants aged 55 or older may also contribute up to an additional \$1,000 as a catchup contribution each year. Employer contributions must be included when determining the maximum amount to contribute.