

Jefferson College

Health Savings Account Change Form

Employee Name: _____

V#/ID: _____

Change Monthly Contribution to: _____

Maximum Annual Contribution: _____

Payroll Effective Date: _____

I wish to make the above change to my Health Savings Account (HSA) with HSA Bank through payroll deduction. I understand that this amount will remain in effect each month until I change my election or my maximum limit has been reached. Any changes to my HSA must be made by the 15th of each month otherwise the change will become effective with the next pay period.

Signature

Date