Health Savings Account Contribution Change Form 2020

Please complete form and return to the Human Resources Dept.
Phone (413) 559-5495 Fax: (413) 559-5695

This form should be used to make changes to your Health Savings Account (“HSA”) contribution. You can increase, decrease, or stop your per-pay-period 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 and additional $1,000 catch-up contribution to their HSA in 2020.

**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 Human Resource Department’s receipt of a properly completed and signed Health Savings Account Contribution Change Form.

Name: ___________________________ Date: ___________________________

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: ___________________________