

# Hampshire College

## Health Savings Account Contribution Change Form 2021

**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 2021 are: \$3,600 for an individual: \$7,200 for a family. Individuals age 55 and over may make and additional \$1,000 catch-up contribution to their HSA in 2021.

**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.

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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.

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Signature

Date

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*Office Use Only*

Received by: \_\_\_\_\_

Date Received: \_\_\_\_\_

Effective Date: \_\_\_\_\_