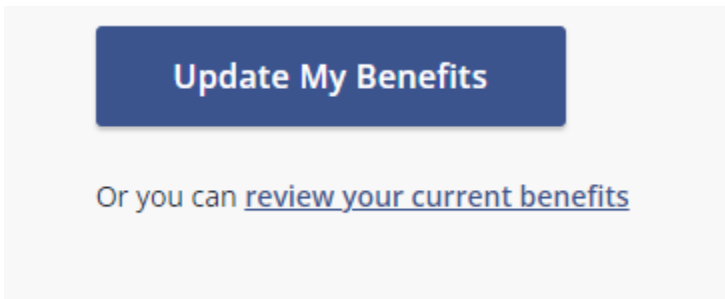


HSA election change:

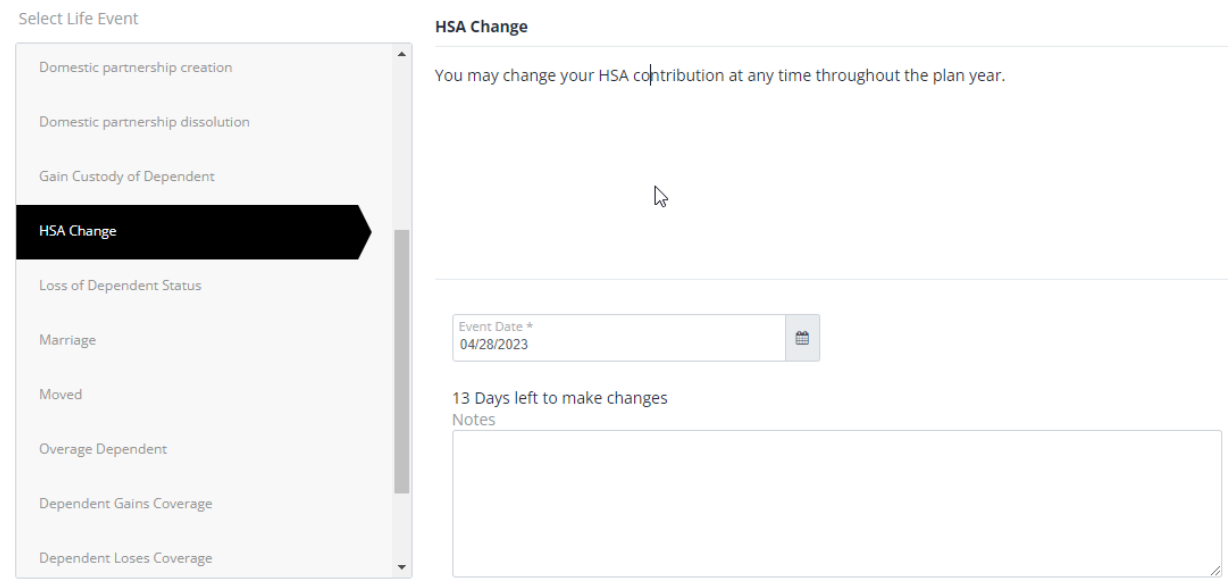
Log in to [PlanSource](#)

Click “Update My Benefits”



Select “HSA Change” from the dropdown menu and enter an effective date

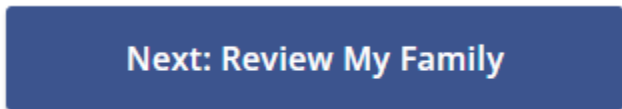
Click “Continue”

A screenshot of a web form titled "HSA Change". On the left, a "Select Life Event" dropdown menu is open, showing a list of options: "Domestic partnership creation", "Domestic partnership dissolution", "Gain Custody of Dependent", "HSA Change" (highlighted with a black bar and a white arrow), "Loss of Dependent Status", "Marriage", "Moved", "Overage Dependent", "Dependent Gains Coverage", and "Dependent Loses Coverage". To the right of the dropdown, the text "HSA Change" is displayed, followed by the instruction: "You may change your HSA contribution at any time throughout the plan year." Below this, there is an "Event Date *" field containing "04/28/2023" and a calendar icon. Underneath the date field, it says "13 Days left to make changes". At the bottom of the form is a "Notes" text area.

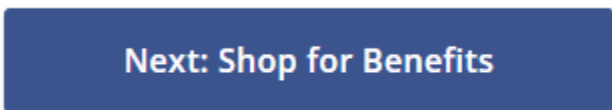
[← BACK](#)

[Continue](#)

Scroll to the bottom of the demographic information page and click “Next: Review My Family”




Click “Next: Shop for Benefits”



Click "View or Change" on the Voya Health Savings Account line

Health Savings Account

	Health Savings Account	\$330.55 Per Paid Period	View or Change
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You can elect an annual contribution or per pay period contribution. Make the desired change, then click "Update Cart"

Annual Per Pay Period

Maximum Contribution Limits
Annual: \$7,750.00 | Per Pay Period: \$330.55

Note: All changes in amounts/premiums shown here are based on YTD contribution and remaining pay period estimates. Your administrator may update these estimates when accepting your changes, which may cause the amounts/premiums to be adjusted.


Annual Personal Contribution:
 [↑ Maximize My Contribution](#)

Minimum \$2,461.10 | Maximum \$7,750.00


Total Annual Contribution:

Includes Personal and Employer contributions
[Stop Contributions](#)

Personal Contribution: \$7,749.90
\$7,749.90 Annual Contribution = \$330.55 Per Pay Period Contribution


Health Savings Account
\$330.55 Per Paid Period
Update Cart
Decline Coverage

Current Benefit Coverage effective from 03/15/2023 to 12/31/2023

	Health Savings Account	\$330.55 Per Paid Period
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Then click "Review & Confirm"

You must select or decline all coverages before moving on

[Review & Confirm](#)

Finally, click "Confirm Elections" to finalize

[Confirm Elections](#)