



HSA – Employee Payroll Contribution Change Form

1	Instructions:			
	1) Use this form to initially request or make changes to your HSA payroll contribution. 2) Submit completed form to your Benefits Department. <i>**Please note that changes to your HSA payroll contribution will be effective the first payroll of the following month after you submit your completed form to your Benefits Department.</i>			
2	Employee Information - Please print clearly			
	FIRST NAME:	LAST NAME:	EE ID:	
	MAILING ADDRESS		CITY	STATE ZIP CODE
	DATE OF BIRTH	DAYTIME PHONE NUMBER	E-MAIL ADDRESS (Required)	
3	Make Your Payroll Contribution Change - Enter your contribution amount.			
	<p>Contribution Amount: \$ _____ per pay period</p> <p>Contribution Type: Normal Contribution (includes a regular or catch-up HSA payroll contribution)</p> <p>Your HSA payroll contribution will be effective the first payroll date of the following month after you submit your completed form to your Benefits Department.</p> <p><i>If you would like to schedule your contribution change for later date, please specify date below**:</i> (**Optional) Effective Date for Payroll Contribution Change: _____</p>			
4	HSA Accountholder Signature			
	I certify that I am the HSA accountholder or an individual authorized to execute this transaction. I have read and understand the instructions and any rules or conditions relating to and have met the requirements for making this transaction. I assume full responsibility for this transaction and will not hold FCUSD liable for any adverse consequences that may result. I have not received tax or legal advice from FCUSD and, if necessary, will seek the advice of a tax or legal professional to ensure my compliance with related laws. All information provided by me is true and correct and may be relied upon by FCUSD. I hereby authorize my employer to deduct the amounts listed above from my compensation.			
	HSA Accountholder SIGNATURE: _____			DATE: ____ / ____ / ____