Washoe County School District

HSA (Health Savings Account) Change of Contribution

Name: _____

Address: _____

City, State, Zip:_____

Phone number: _____

**Employee ID:_____

**SSN: _____

Forms MUST be received in the Risk Management Department by the last day of the pay period for change to take effect for the next pay period.

**Without Employee ID or SSN your request cannot be processed.

A Section 125 Plan allows employees to have deductions taken out of their check before taxes. Health Savings Accounts are an eligible deduction under the Plan.

I elect to contribute the following amount to my Health Savings Account under the Section 125 Plan (before-tax):

$_____ per pay period

Start date for new contribution: _____

Terms and Conditions

I authorize the above payroll reductions as my contribution to my Employer's Section 125 Cafeteria Plan.

Since I have elected the Health Savings Account benefit, I certify that I have met all the Health Savings Account eligibility requirements, which have been separately disclosed to me, and that I will notify the Employer immediately in writing if I cease to meet any of the conditions for Health Savings Account eligibility during any month of the plan year.

This authorization replaces any previous authorization I have made. This Election Form shall remain in effect until the earlier of the following dates: the date the Participant terminates participation in the Plan; or, the effective date of a subsequently filed Election Form electing or changing any or all of the benefits listed on this form.

For questions about HSAs, contact American Fidelity: 1-775-829-1313

Employee Signature: _____ Date: _____

Washoe County School District
Risk Management
Phone: 775-348-0343
Fax: 775-348-0280