

Health Savings Account (HSA) Change Form

Use this form to request a change to your Health Savings Account (HSA) contribution. Changes can be made to your HSA contributions at any time. You can increase, decrease, or stop your contributions, provided you are enrolled in a high deductible health plan (HDHP) and you do not exceed limits set by the IRS. The completed form must be submitted to the Benefits Office. Keep a copy for your records.

Section 1: Employee Information			
Full Name:		SSN#:	
Section 2: Action Request			
<input type="checkbox"/> Stop my HSA payroll contributions. (Complete Sections 4 and 5)			
<input type="checkbox"/> Change my HSA payroll contribution amount. (Complete Sections 3, 4, and 5)			
Section 3: HSA Payroll Deductions			
IRS Contribution Limits for 2025 Calendar Year:	Individual HSA \$4,300	Family HSA \$8,550	Over 55 Catch-Up \$1,000
I elect to contribute \$ _____ per pay period to my HSA account. This request replaces any previous payroll deductions for my HSA.			
Section 4: Effective Date			
<input type="checkbox"/> Next available pay date* OR Future Pay Day: ____ / ____ / ____			
*Form must be received by the last day of the month for next month's payroll.			
Section 5: Acknowledgement & Signature			
<ul style="list-style-type: none"> • I authorize my employer, Quincy Public Schools, to reduce my pay before taxes as indicated above. • It is my responsibility: <ul style="list-style-type: none"> ○ To determine whether I am eligible to make contributions to my HSA; and ○ To determine whether contribution to this HSA have exceeded the applicable maximum annual contribution limit. I acknowledge that I may be liable for tax penalties if I exceed this amount. • I understand that my election will remain in effect through the end of the benefit year (August 31) or until a contribution change form is submitted to the Benefits Dept. • I understand that I must re-elect the HSA annually during the open enrollment period. • Although Quincy Public Schools processes the deductions and transmits the funds to American Fidelity, the third-party administrator, all aspects of managing and maintaining the HSA are the responsibilities of the employee. Ensure contribution elections are taken correctly from your pay and contributed to your account by monitoring HSA account activities online at www.afhsa.com. 			
_____ Signature		_____ Date	