



HRC TOTAL SOLUTIONS

Health Savings Account (HSA) Election Change Form

I. Account Holder Profile Information

First Name:	Last Name:	SSN:
Employer	Effective Date of Change:	

II. Election Change

Note: Your employer may also make a contribution to your HSA that will apply to your maximum contribution allowed. You are solely responsible for determining whether contributions to an HSA exceed the maximum annual contribution limitation. You are also responsible for notifying the custodian of any excess contribution and requesting a withdrawal of the excess contribution together with any net income attributable to the excess contribution.

Indicate an annual employee election or a pay period election:	Employee Annual Election	\$ <input type="text"/>	Per Pay Period Election	\$ <input type="text"/>
Indicate HDHP Coverage Level:	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family/Other		

Your contributions will be withdrawn from your payroll each pay period. If your employer maintains a cafeteria plan that permits HSA contributions, your contributions will be made with pre-tax dollars. You may also make contributions outside of your payroll.

III. Signature

Signature _____	Date _____
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Please be sure to return this form to your Employer for Approval and Processing.
Forms returned to HRCTS will not be processed.