

Change Health Savings Account Contribution

Employee Name: _____ ID: _____

☐ I am enrolled in a Health Savings Account through Le Moyne College. I authorize my employer to deduct my HSA contributions from my pay and forward them to my HSA.

Note: Le Moyne College will contribute \$15 per pay to your HSA (if you contribute at least \$5 per pay) 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.

1. **Indicate a pay period election:** \$ _____
(Note: 24 pay periods/year)

2. **Employer contribution:** ☐ \$15/pay check (employee must contribute at least \$5/ pay) ☐ No contribution

3. **Indicate pay period date to begin new election amount:** _____

4. **Indicate High Deductible Health Plan (Simply Blue) Coverage Level:** ☐ Individual ☐ Family

Employee Signature: _____ Date: _____

Payroll Use Only

SD: _____ BNDS _____

Deduction Codes: _____

Signature/Date: _____

Human Resources Use Only

Authorized By: _____