



# Human Resources

Benefits Department

## HEALTH SAVINGS ACCOUNT DEDUCTION CHANGE FORM

<b>Date:</b>		<b>Benefit Department Use Only:</b>
<b>Employee Name:</b>		<b>Date entered into Payroll PD Screen:</b> _____
<b>Employee Badge#:</b>		<b>A+ FCU</b> _____
<b>Date of Hire:</b>		
<b>Campus Location:</b>		
<b>Campus Position:</b>		
<b>Effective Date:</b>		

<b>PLAN TYPE</b>	<input type="checkbox"/> <b>CURRENT MONTHLY</b> <input type="checkbox"/> <b>CURRENT SEMI-MONTHLY</b> <b>HSA CONTRIBUTION</b>	<b>EMPLOYER POST-TAX CODE</b>
<b>ACTIVECARE 1HD</b>	<b>\$</b>	<b>8050</b>

<b>MEDICAL PLAN TYPE</b>	<input type="checkbox"/> <b>NEW MONTHLY</b> <input type="checkbox"/> <b>NEW SEMI-MONTHLY</b> <b>HSA CONTRIBUTION</b>	<b>EMPLOYER POST-TAX CODE</b>
<b>ACTIVECARE 1HD</b>	<b>\$</b>	<b>8050</b>

The employee agrees to the above monthly payroll deduction. Hays CISD is not responsible for monitoring HSA tax contributions. Please seek tax advice from your tax accountant, financial institution or I.R.S. for yearly maximum limitations or HSA rules and regulations. Please notify the benefits department to make changes to your payroll deducted contributions.

Print Employee Name

Employee Signature

Date Signed

**RETURN TO THE BENEFITS DEPARTMENT FOR PROCESSING**