

**REQUEST TO CONTRIBUTE/CHANGE HSA CONTRIBUTION AMOUNT**

I (print name) \_\_\_\_\_ wish to have the following deducted from my bi-weekly pay, and deposited into my Health Savings Account, through Health Equity:

- I would like to change my current contribution of \$ \_\_\_\_\_ to \$ \_\_\_\_\_.
- I would like to begin contributing \$ \_\_\_\_\_ into my HSA account.

I understand that I may not go over the maximum contribution amount allowed as determined annually by the IRS, and I give permission to the Upper Adams School District to begin the deduction of the amount listed above on the paycheck dated \_\_\_\_\_.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date