

INSTRUCTIONS

Complete this form if you currently have pre-tax deductions taken from your paychecks to fund your Health Savings Account and would like to make a change, or if you do not currently contribute pre-tax and would like to begin. Make sure to indicate the effective date of your change/enrollment. Forms must be submitted at least one week prior to the payroll effective date of change.

When you have completed the form, turn it in to the HR department at your organization.

Employer Name: _____ Address Change

Employee Name: _____ SSN: _____

Home Address: _____

Email Address: _____ Telephone: _____

Effective Date of Change (first paydate of new deduction): _____

- I am currently contributing to my HSA by pre-tax payroll deduction and wish to change my contribution amount to \$_____ per paydate.
- I am not currently contributing to my HSA by pre-tax payroll deduction and wish to start on the Effective Date shown above. My contribution should be \$_____ per paydate.

EMPLOYEE CERTIFICATION

I authorize my contributions to be withdrawn pre-tax from my pay in each pay period.

I understand that my employer may also make a contribution to my HSA that will apply to my maximum contribution allowed. I am solely responsible for determining whether contributions to an HSA exceed the maximum annual contribution limitation. I am 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.

Signature

Date

For Employer Use Only
First payroll reduction date: _____
Payroll Frequency: _____

QUESTIONS? Contact Genesis Employee Benefits:

Local Phone: 952-653-4422

Toll-Free:

866-678-8322

CustomerCare@GenesisBenefits.net