



CITY OF GRAND HAVEN HSA CHANGE FORM

Name: _____

I elect to contribute \$_____ per pay period to my HSA account.
This request replaces any previous payroll deductions for my HSA, if applicable.

This change shall be effective _____ or the next pay period possible.

- I authorize my employer, City of Grand Haven, to reduce my pay before taxes on a per pay basis as indicated above.
- It is my responsibility to determine whether I am eligible to contribute to my HSA or if contributions exceed maximum annual limits.
- I acknowledge that I may be liable for tax penalties if I exceed the maximum annual limits.
- I understand that my election will remain in effect through the end of the benefit year (calendar year) or until a contribution change form is submitted.
- I understand that I must re-elect the HSA annually during the open enrollment period.

Employee Signature

Date