



2017 HEALTH SAVINGS ACCOUNT CONTRIBUTION CHANGE REQUEST

Please use this form to:

- 1) **STOP** future contributions,
- 2) **CHANGE** your Annual Contribution, OR
- 3) **MAKE** a One-Time Contribution.

DEADLINE: 5:00 pm on the Wednesday before the pay period end date.

Please remember:

- Type or write legibly
- Submit only one form
- Incomplete forms cannot be processed

Name:

Teammate ID:

What would you like to do?

- STOP** all future contributions to my HSA

- CHANGE** my payroll contribution
 - I authorize a change to my per pay period contribution in the amount of \$ to be made to my Health Savings Account for future paychecks

- MAKE A ONE-TIME CONTRIBUTION** (*Important Note: This action will FRONT LOAD your savings and payroll contributions will be REDUCED unless you change your bi-weekly or monthly payroll contribution*)
 - I authorize a One-Time Contribution to be made to my HSA in the amount of \$
 - Please indicate the source and amount \$

Sign Acknowledgement

My signature acknowledges my authorization to change my Health Savings Account contribution.

Teammate Signature:

Date:

- **BI-WEEKLY** Teammates submit by fax to: 704-446-6623 OR by email to: HRBenefitsOnline@carolinashealthcare.org
- **MONTHLY** Teammates submit via fax to: 704-631-0121

To learn more about your HSA, visit Bank of America, www.bankofamerica.com/benefitslogin or <http://healthandretirement.carolinashealthcare.org/health-savings-account-hsa>