

Effective Pay Period Number _____

Effective Pay Period Ending Date _____

Health Savings Account (HSA) Enrollment Change Form

Please return completed form to Human Resources.

Employee Name	Employee ID Number
Department	Employee Phone Number

I would like to make a change in my contribution amount for my Health Savings Account (HSA).

I authorize a change in my per pay period contribution, amount listed below, to be deducted from my pay (specify a dollar amount):

\$ _____ (dollar amount per pay period)

By checking this box , I am requesting my HSA contributions stop effective with the pay period following my signature.

To enroll in the Health Savings Account (HSA), please contact Human Resources (303)441-3070 or hrsubmitforms@bouldercolorado.gov

Employee Signature _____

Date _____

HR _____

Date _____