



# 2023 Health Savings Account Change Form

**Change Deadline: Last day of the month**  
**All changes will take effect the following month**

Last Name: \_\_\_\_\_ Dept/Loc: \_\_\_\_\_  
 First Name: \_\_\_\_\_ Phone No: \_\_\_\_\_  
 SSN Number: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Contribution Limits
<b>Employee: \$3,850</b> <b>Family: \$7,750</b>
<div style="border: 1px solid black; padding: 5px;">           Additional \$1,000 catch up contribution allowed if employee is 55 years or older.         </div>

District Contribution Limits		
	\$ for \$ District Match:	Direct Contribution: divided by 24 pays
<b>Employee:</b>	\$400	\$400 = \$16.67
<b>Employee +1:</b>	\$600	\$600 = \$25.00
<b>Family:</b>	\$800	\$800 = \$33.34

Please indicate the **\*MONTHLY** amount you would like to contribute beginning with the current month, leave previous months blank.  
 We cannot make retro-active changes.

**\*Amount entered will be split evenly between the two pay periods.**

Month	Monthly Total	<u>District Use Only</u> Divide by 2
January	\$	
February	\$	
March	\$	
April	\$	
May	\$	
June	\$	

Month	Monthly Total	<u>District Use Only</u> Divide by 2
July	\$	
August	\$	
September	\$	
October	\$	
November	\$	
December	\$	