



Benefits and Employee Wellness  
 Department of Human Resources  
 Administration and Finance Division  
 University of Cincinnati  
 PO Box 210039  
 Cincinnati, OH 45221-0039

51 Goodman Drive, Suite 340  
 Phone: 513-556-6381  
 Fax: 513-556-9652

## 2016 HEALTH SAVINGS ACCOUNT ELECTION CHANGE FORM

Return the completed form to: FAX 513-556-9652 or [Benefits@uc.edu](mailto:Benefits@uc.edu) or Mail Location 0039

EMPLOYEE INFORMATION (please print)	
Last Name:	First Name:
UCID:	Date of Birth:

HEALTH SAVINGS ACCOUNT ELECTION – DOLLAR AMOUNT	
Payroll effective date:	If not specified, changes become effective with the next applicable pay cycle. Changes will not be made retroactively.
NEW HSA Contribution per paycheck: \$	

HEALTH SAVINGS ACCOUNT ELECTION - DURATION	
<input type="checkbox"/> This is a one-time election	<input type="checkbox"/> This election should recur _____ times
<input type="checkbox"/> This deduction should continue until I change it	<input type="checkbox"/> Stop future deductions

<b>2016 Limits</b> Single - \$3,350 Family – (EE+1 or more) \$6,750 Over age 55 catchup – additional \$1,000	In order to be eligible for the Health Savings Account, you must be enrolled in the High Deductible Health Plan.
---	--

AUTHORIZATION AGREEMENT	
<p>I understand that in order to be eligible for the Health Savings Account, I cannot be enrolled in the University's Health Care Flexible Spending Account.</p> <p>I have read and understand the details of a Health Savings Account as outlines in the IRS Publication 969 at <a href="http://www.irs.gov/pub/irs-pdf/pg969.pdf">http://www.irs.gov/pub/irs-pdf/pg969.pdf</a>.</p> <p>I hereby authorize the University of Cincinnati to execute the above transaction deducting the specified amount pre-tax from my wages to be deposited into my Health Savings Account with Health Equity Bank.</p>	
Signature:	Date:

HR OFFICE USE ONLY	
Current election:	UB Pay date(s)
New election:	UM Pay date(s)
Processed by	Date Entered

Rev 3-2016

