



Health Savings Account (HSA) Contribution Change Form HDHP ONLY

Complete this form to make a mid-year change to your Health Savings Account annual contribution amount. Return to University Human Resources, ATTN: Human Resources Weinstein Hall or email to URHR@richmond.edu or fax to (804) 287-1282

Employee Information

Employee Name (Last, First, MI): _____ URID: _____

Department: _____ Phone: _____

Medical coverage (check one): Employee Family* Pay Cycle: Bi-Weekly Monthly

*Family coverage includes Employee w/Spouse, Employee w/Child(ren), and Family HDHP coverage levels

Contribution Information

Maximum annual contribution limits. These amounts include University of Richmond's contribution.

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|--|---|
| Under age 55: <ul style="list-style-type: none"> Employee-only HDHP..... \$2,900 Family HDHP*\$5,750 | Age 55 or older (includes \$1,000 catch-up) <ul style="list-style-type: none"> Employee-only HDHP.....\$3,900 Family HDHP.....\$6,750 |
|--|---|

*Family coverage includes Employee w/Spouse, Employee w/Child(ren), and Family HDHP coverage levels

Action Request

CHANGE Health Savings Account Contributions

Enter your updated contribution \$ _____ Per Pay Period Effective Date: _____

STOP Health Savings Account Contributions

Employee Authorization

I authorize the University of Richmond to withhold my contributions for this plan from my pay on a pre-tax basis.

SIGNATURE: _____ **DATE:** _____

FOR URHR USE ONLY:

Date Received: _____ Entered By: _____ Date Entered: _____

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