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 2019

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

<table>
<thead>
<tr>
<th>Age Under 55:</th>
<th>Age 55 or older (includes $1,000 catch-up)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee-only HDHP……….. $3,500</td>
<td>Employee-only HDHP ……..$4,500</td>
</tr>
<tr>
<td>Family HDHP* …………………$7,000</td>
<td>Family HDHP………………$8,000</td>
</tr>
</tbody>
</table>

*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: ____________

Human Resources
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231 Richmond Way
University of Richmond, VA 23173
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287-1282 urhr@richmond.edu

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