



**HEALTH SAVINGS ACCOUNT (HSA)  
CONTRIBUTION CHANGE REQUEST FORM**

**\*PLEASE RETURN COMPLETED FORM TO HR - [hrbenefits@kentcountymi.gov](mailto:hrbenefits@kentcountymi.gov)**

**EMPLOYEE INFORMATION**

\_\_\_\_\_  
Name (First, MI, Last)

\_\_\_\_\_  
Employee ID #

*Note: The 2024 maximum yearly contribution for an individual is \$4,150 and family is \$8,300. Eligible participants aged 55 or older may also contribute up to \$1,000 as a catch up contribution each year. Employer contributions must be included when determining the maximum amount to contribute to your HSA account.*

**HSA CONTRIBUTION CHANGE REQUEST**

**I hereby authorize my employer to change my payroll deduction amount for my Health Savings Account as noted below:**

I elect to change my HSA contribution amount per pay period to \$\_\_\_\_\_, effective with the next available payroll cycle.

I elect to stop contributing to my HSA account effective with the next available payroll cycle. I understand that I may restart contributions at any time by completing a new Contribution Change Request Form.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date