



# AMERICAN BENEFITS GROUP

## HSA – CONTRIBUTION CHANGE FORM

Name: \_\_\_\_\_ Last Four of SSN: \_\_\_\_\_

Home Address: \_\_\_\_\_ Email: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

### Election Contribution Limits:

You will need to follow the IRS Maximum annual limits which vary depending on what your High Deductible Health Plan coverage is.

[Please find current limits on our web page linked here](#)

No matter what coverage you have those 55 or older can contribute an additional \$1,000 (catch-up contribution)

Per Pay Period Contribution: \_\_\_\_\_

Your election to participate in any pre-tax eligible benefits will constitute an election under your employers Section 125 Cafeteria Plan and any contributions you are required to make under any such plan will be deducted from your salary on a pre-tax basis unless you requested otherwise.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please submit this form to your HR Department. ABG does not need a copy of this form.**