

Health Savings Account Contribution Change Form

Instructions

1. Complete and sign this form (electronic signature is OK)
2. Email this form to benefits@spcollege.edu

Employee Information

I authorize St. Petersburg College to make the following c account changes to my Health Savings Account. I understand that St. Petersburg College will make every effort to implement these changes on the date I have selected below and that payroll processing dates may result in a delay or 1 to 2 payroll periods.

Employee Name:	Employee ID:
Employee Signature:	Date:

Health Savings Account Contribution Change

I want to change my Health Savings Account plan contributions:

- As soon as possible
- As of a specific pay date: _____

➡ Existing Contribution: \$_____ per pay period and \$_____ per year

➡ New Contributions: \$_____ per pay period and \$_____ per year