



CITY of ORMOND BEACH

Human Resources 22 S. Beach St. Ormond Beach, FL 32174 (386) 676-3253 Fax: (386) 676-3229

Health Savings Account (HSA) Contribution Change Form

Complete this form to make a mid-year change to your Health Savings Account contribution amount. Return to Human Resources, ATTN: Samantha Potts, 22 S. Beach St., Ormond Beach, FL 32174, or scan and email to samantha.potts@ormondbeach.org or fax to 386-676-3229

Employee Information

Employee Name (Last, First, MI): _____

Medical coverage (check one): Employee Family*

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

Contribution Information

Contributions to your HSA account may be started, stopped or changed at any time throughout the calendar year. Please make your election below. If this is a one-time change, please include the pay date for the change. Pay calculations close approximately one week before pay is issued. Forms received after a pay period closing are not processed until the following pay period. Annual contribution limits are below. Employees should monitor their annual contributions and include any contribution made by the City.

Maximum annual contribution limits for 2019 UPDATED

Under age 55:

- Employee-only HDHP.....\$3,500
- Family HDHP*.....\$7,000

Age 55 or older (includes \$1,000 catch-up):

- Employee-only HDHP.....\$4,500
- Family HDHP*.....\$8,000

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

Action Request

START Health Savings Account Contributions

2019 ANNUAL contribution \$ _____; per-pay contribution \$ _____

CHANGE Health Savings Account Contributions

New per-pay contribution \$ _____.

One-time contribution \$ _____ on pay date _____

STOP Health Savings Account Contributions

Employee Authorization

I authorize The City of Ormond Beach to withhold my contributions for this plan from my pay on a pre-tax basis.

SIGNATURE: _____ DATE: _____

FOR HR USE ONLY:

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