

Health Savings Account Contribution Change Form

Employee ID	Last Name	First Name	Phone Number

I wish to change my per pay period deduction for my Health Savings Account (HSA) to:

\$ _____ /Per Pay OR

\$ _____ Annual (will be divided amongst the remaining pays of 2017)

(Unless you specify otherwise, this change will take effect during the pay period in which it was processed.)

*Please note for 2017 that the IRS maximum contribution allowed is **\$3,400** for an individual enrolled in single coverage, and **\$6,750** for employees who are enrolled in family coverage. Employees over the age of 55 may contribute an additional \$1,000 per year. **Please note: The maximum contribution allowed is a total of both employer and employee contributions, so you must include any funds that Pinnacle deposited in to your HSA on your behalf towards your yearly maximum contribution allowed.***

Employee Signature	Date

****Please return to Human Resources - 2nd Floor Brady Hall, 205 S Front Street, Harrisburg, PA 17105 or simply fax at 717-231-8659*