

Schupan & Sons Inc
Health Savings Account (HSA) Change Form

Employee Name: _____ Effective Date: _____

Complete for new and changes to your HSA contributions

Employee's Election (The maximum annual contribution including the employee and employer portion cannot exceed \$3600 (single) or \$7200 (family))

Weekly Election: _____ Number of Pays (choose one):
\$ _____ On-going
 Specific Pay: _____ (pay date)

Catch-Up Election (Employees age 55 and over may make an additional catch-up contribution annually of up to \$1,000)

Weekly Election: _____ Number of Pays (choose one):
\$ _____ On-going
 Specific Pay: _____ (pay date)

I authorize Schupan & Sons, Inc. to make pre-tax deductions from my pay in the amount shown above and deposit these amounts into my HSA account. I understand that this election will remain in effect until such time that I make a change to the deduction by completing a new election form or I am no longer eligible. I hereby authorize Schupan & Sons, Inc. to initiate credit entries, and if necessary, initiate debit entries or adjustments to credit entries done in error to my account list above.

I understand that it is my responsibility to familiarize myself with IRS regulations on HSA accounts and to maintain records of all transactions pertaining to my HSA for audit purposes. I understand that if my eligibility to participate in the HSA changes, I am responsible for notifying Schupan & Sons, Inc. I also understand that Schupan & Sons, Inc. has no liability regarding the HSA outside of direct depositing the designated funds as I have requested.

Employee Signature

Date