Voluntary Employee Health Savings Account (HSA) Contribution Change Request Form

Employee Name	•	
Employee Social Security Number		
-		
Employee Address		
Division Name within the City of Turlock		
Management		
Note the following contributions related to the recommended you contact your tax advisor to		
2020 Annual Contribution Limits (IRS wi	ll update annually:	
	Single Contribution 1 person enrolled	Family Contribution 2 or more persons enrolled
2020 IRS Maximum Contribution	\$3,550	\$7,100
City of Turlock Contribution	\$1,250	\$2,100
Effective Net Contribution Limit	\$2,300	\$5,000
Catch-up Contributions 55+	\$1,000	\$1,000
I hereby request that the following election(s) be changed to reflect the following:		
Ongoing HSA Deduction: please deduct the following dollar amount per pay period: \$		
Lump Sum HSA Deposit: please deduct the following dollar amount one time only: \$		
Date of the election change for payroll: Must coincide with payroll dates for the City of Turlock (pay Please provide any additional details that		•
I certify the information to be true and correct to the best of my knowledge. I understand that		
this will change my payroll amounts and Account on the City of Turlock regular pa		spective Optum Bank HSA
Note the following timelines when requesting a change. The City of Turlock currently has the 5 th and 20 th of the month as established pay dates. Any contribution changes will need to be received by the following dates in order to process through payroll timely:		
 20th payroll date: form must be comp 5th payroll date: form must be compl 		
Employee Signature	D	ate
HSA administrator use only:		
□ Approved—Effective date:	□ Denied—Peason:	