

# Health Savings Account Change of Contribution Form

Name \_\_\_\_\_ Empl ID \_\_\_\_\_

Campus Address \_\_\_\_\_ Campus Phone \_\_\_\_\_

Health Savings Account Participation (only available to employees who enroll in the Anthem High Deductible Health Plan)

I elect to establish/continue a Health Savings Account.

I elect NOT to continue a Health Savings Account.

Amount of Salary Reduction: You can make this election once per month for a maximum of four elections in a calendar year. See Health Savings Account Agreement for annual contribution maximum.

I direct that this amount be contributed on my behalf to my Health Savings Account.

\$ \_\_\_\_\_ /month beginning \_\_\_\_\_

Health Savings Account Agreement

I authorize Case Western Reserve University to reduce my basic salary, effective as of the first day of the month following the month in which this agreement is executed. Such salary reduction amount will be applied by CS8s1