

# Change Form

## Section 125 Cafeteria Plan: Employee Health Savings Account Contributions Election

**Instructions:** Once you've completed this, please give it to your employer.

Employer \_\_\_\_\_

Employee name \_\_\_\_\_  
First middle last

Birth date \_\_\_\_\_

If recent change in address, please update \_\_\_\_\_  
Street

\_\_\_\_\_  
City State ZIP code

Please make the following change to my election:

☐ Begin contributions \$\_\_\_\_\_ per pay period

☐ Increase contributions to \$\_\_\_\_\_ per pay period

☐ Decrease contributions to \$\_\_\_\_\_ per pay period

☐ Terminate contributions

I understand that the change in election will be effective the next pay period.

\_\_\_\_\_  
Employee's signature

\_\_\_\_\_  
Date