

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