



**UTAH COUNTY OFFICE OF HUMAN RESOURCE MANAGEMENT**

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**HSA EMPLOYEE CONTRIBUTION CHANGE FORM**

If you would like to change your HSA contribution, please return the attached form to Human Resources. If received by 5:00 p.m. on Monday of a pay week, your change will be effective the following Friday. *A separate form for each change is required.*

**REMEMBER: It is the responsibility of the employee to make sure he or she does not exceed the maximum contribution amount allowable.**

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Name: \_\_\_\_\_ Employee ID \_\_\_\_\_

Department: \_\_\_\_\_

Social Security Number : X X X - X X - \_\_\_\_ \_

New HSA Contribution: \$ \_\_\_\_\_ **per pay period** (*one form per change is required*)

Effective Pay Period: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_