



**Miami University
Benefit Services**

Health Savings Account (HSA) Employee Contribution Change

Employee Name: _____ Banner ID: _____

Phone Number: _____ Email address: _____

Health Savings Account Change of Election

Current HSA Contribution: \$ _____ per pay period

New HSA Contribution:* \$ _____ per pay period effective** _____

2009 Contribution Limits per IRS (includes Miami's contribution):

Single coverage: \$3000

Family coverage: \$5950

*Are you using the age 55+ catch-up limit? Yes (an additional \$1000 employee contribution)

The above change will remain in effect until a new change form is submitted and/or until the end of the current plan year.

Signature: _____ Date: _____

**Change will take effect on the first available pay period following receipt of the completed Change Form.

Return Form to:
Miami University
Benefit Services
15 Roudebush Hall
513-529-3926

Office use only

HSE	
HSR	