

**UNIVERSITY OF VIRGINIA  
HEALTH SAVINGS ACCOUNT (HSA) PROGRAM  
EMPLOYEE CONTRIBUTION CHANGE FORM**

**MEDICAL CENTER EMPLOYEES ONLY**

Use this form to request a change to the amount of your annual election. Submit this form to the University Human Resources (UHR) Benefits Division by one of the following contact methods:

**Email:** [AskHR@Virginia.edu](mailto:AskHR@Virginia.edu)

**-OR-**

**FAX: 434-924-4486**

**-OR-**

**Mailing/Interoffice Address:**

**University Human Resources**

**Attn: UHR Benefits Office**

**914 Emmet St. Box 400127**

**Charlottesville, VA 22904**

Employee Name \_\_\_\_\_ Employee # \_\_\_\_\_

Effective date of this change will be the 1<sup>st</sup> day of the month following receipt of your form at the UHR Benefits Office. Please note your new annual election request cannot be less than the amount you have already contributed to your Health Savings Account during the current calendar year (you can look at your year-to-date HSA contribution total from your paycheck to confirm that amount).

**Election Change Options (check one):**

\_\_\_\_\_ Cease further employee contributions to the Health Savings Account Program

\_\_\_\_\_ Change the Annual Election as shown below. The new annual election cannot be less than the amount already contributed to your Health Savings Account during the current calendar year.

	Previous Annual Election	New Annual Election
Health Savings Account Employee	\$ _____	\$ _____

**I have read and fully understand the regulations to change my election. I understand that retroactive election changes and HSA refunds are not allowed and that my election change will be effective on the 1<sup>st</sup> of the month following receipt of this form at the UHR Benefits Division.**

Requested by:  
Participant Signature \_\_\_\_\_ Date: \_\_\_\_\_

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**FOR UHR BENEFITS DIVISION USE ONLY**

Reviewed and Approved by:

UHR Benefits Division Representative Signature \_\_\_\_\_

Date Received: \_\_\_\_\_ Date Processed: \_\_\_\_\_