

**121 Benefits**

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**Request for Change in HSA Participation**

Benefit Year \_\_\_\_\_ Date: \_\_\_\_\_  
Social Security Number: XXX - XX - \_\_\_\_\_  
Last Name \_\_\_\_\_ First Name \_\_ Middle Initial \_\_\_\_\_ Address \_\_\_\_\_  
\_\_\_\_\_ City \_\_\_\_\_ State Zip Code \_\_\_\_ Daytime Phone: ( ) \_\_\_\_\_  
\_\_\_\_\_ Date of Hire \_\_\_\_\_  
Employer \_\_\_\_\_

**CHANGE IN PARTICIPATION or TERMINATION**

I hereby revoke any previous authorization for the current plan year and authorize my employer to make the pre-tax payroll deductions, which I have indicated below. I also understand that deductions will be taken in equal amounts from each of my paychecks, but only if my pay is sufficient to cover those amounts.

**Enter your new Monthly HSA Contribution:**

\$ \_\_\_\_\_

(This amount should not exceed IRS allowed maximums and may include certain rollovers from other eligible accounts.)

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR EMPLOYER USE ONLY**

Effective Date: \_\_\_\_\_

Employer Approval: \_\_\_\_\_

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

Change Approved: \_\_\_\_\_

Denied: \_\_\_\_\_