

## DePaul University Health Savings Account (HSA)

## One-Time Contribution Election Change Form

Last Name:	First Name:	<b>Employee Identification Number:</b>
	Date for the Deduction Ch the Friday before the desired pay period of	
	eduction: Yes No ent in BlueSky and do not con	nplete this form see directions below)
	y-Only needed if this is NO l election or stop deduction,	T a One-time Deduction follow this link for a walk-through.
<b>Requested One-time</b>	<b>Pre-tax Deduction Amoun</b>	t: \$
(Deductions can only be taken in	the first or second pay period of each mon	th.)
IMPORTANT: If you are a make the employer contribut reductions from your pay. A  It is the responsibilit  Avoid tax penalties	ion to your Health Savings Account and dditionally, you may forfeit your right y of you, the employee, to use by using HSA funds to pay	Yes No bank account, DePaul University will not be able to and you will not be able to elect pre-tax HSA salary to receive an employer contribution for the year.  monitor and maintain your HSA: y for qualified medical expenses only s for possible IRS auditing purposes
Your Signature Con	firms Your Agreement to t	he Following:
following: 1) submiss an HSA Bank Accour	ion of this form to the Benef nt. DePaul University mainta siting designated funds as re	effective the first of the month its Department, and 2) establishment of ins no liability regarding the HSA quested by the employee. Funds are only
Signature		Date
		contributed to your account by monitoring HSA w your account on the HealthEquity Tile.
	nount as well as catch-up contribution	r the CDHP section. This amount includes both the s amounts allowed for employees who will attain the
Actual Effective Dat	e for the Deduction Change	e:(Human Resources)

Revised: 6/24/2024

Form Effective Date: January 1, 2024