



## DePaul University Health Savings Account (HSA) Salary Reduction Election Change Form

<b>Last Name:</b>	<b>First Name:</b>	<b>Employee Identification Number:</b>
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**Requested Monthly HSA Pre-tax Salary Deduction Amount:** \$ \_\_\_\_\_ \*

**Requested Effective Date for the Deduction Change:** \_\_\_\_\_

<b>Actual Effective Date for the Deduction Change:</b> _____ (Human Resources)
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**ACS Mellon Bank HSA Account Established:**  Yes  No

**It is the responsibility of you, the employee, to monitor and maintain your HSA:**

- Avoid tax penalties by using HSA funds to pay for qualified medical expenses only
- Retain records of all HSA account transactions for possible IRS auditing purposes

**Your Signature Confirms Your Agreement to the Following:**

The HSA pre-tax salary deduction election will be effective the first of the month following: 1) submission of this form to the Benefits Department, and 2) establishment of an HSA Bank Account with ACS Mellon Bank. DePaul University maintains no liability regarding the HSA outside of direct depositing designated funds as requested by the employee. Funds are only available as deposited.

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**Signature**

**Date**

Ensure salary reduction elections are taken correctly from your pay and contributed to your account by monitoring HSA account activity on [www.hsamember.com](http://www.hsamember.com).

\*Can not exceed annual maximums found on the HR web-site under the CDHP section. This amount includes both the regular salary reduction amount as well as catch-up contributions amounts allowed for employees who will attain the age of 55 during the calendar year.