

Health Savings Account (HSA) Change in Contribution Form



Instructions: This form is used to elect your personal payroll contribution amount towards the HSA. The employer contribution amount towards the HSA can be found on the MMB SEGIP website: mn.gov/mmb/segip. Be sure to consider the standard contributions made by the employer when making your personal election, so your **total combined contribution is not more than the annual maximum**.

Warning: The payroll system will not calculate your total combined contributions for you. Overcontributing may lead to tax implications. Consult your tax professional with questions.

HSA contributions can be used to pay current medical expenses or saved for future medical expenses. Health plans administering the Advantage High Deductible Health Plan (HDHP) work with a financial institution of their choice to oversee the HSA accounts. Your health plan will advise you of their associated financial institution.

The new contribution will be effective the first of the month following SEGIP's receipt of your request to make this change.

Employee Information – All Information is required.

Name _____ SSN XXX-XX-_____ Employee ID # _____
(Last, First, Middle Initial)
Address _____ Phone: Work _____ Home _____
City, State, Zip code _____ Email _____

New Annual Personal HSA Contribution: \$ _____

2026 Annual HSA Contribution Maximums

Coverage Type	Maximum Allowed
Single	\$4,400
Family	\$8,750

NOTE:

- Employees aged 55 and greater can increase their maximum allowed HSA contribution up to \$1,000 over the amounts listed above. HSA contribution limits are determined by the IRS. For more information, view Publication 969 at www.irs.gov.
- These annual HSA contribution maximums include both personal and any employer contributions. Your requested Annual Personal HSA Contribution amount should **not** include the amount contributed by the employer.

Employee Authorization

I authorize the change in payroll deduction. This authorization is valid for the remainder of the plan year or until revoked by operation of law.

Employee Signature _____ Today's Date (mm/dd/yyyy) _____

Submit your form to SEGIP: Secure fax 651-797-1313; Mail MMB/SEGIP, 658 Cedar Street, Suite 400, Saint Paul, MN 55155; Scan and email (secure only when sent from a @state.mn.us account) segip.mmb@state.mn.us.

Questions? Call us at 651-355-0100

NOTICE OF INTENT TO COLLECT PRIVATE DATA

Minnesota Management and Budget (MMB) administers the State Employee Group Insurance Program (SEGIP). As an individual seeking to or participating in a group insurance program, you are asked to provide certain data for the purpose of the administration of group insurance benefits. This notice explains why MMB is requesting private data, how the data will be used, who has access to the data, and what may happen if you do not provide the requested data.

Use of Data. The data requested by MMB may be used for the following purposes:

- To determine eligibility for group insurance benefits
- To administer group insurance benefits
- As required by State and federal law, rule, or regulation

Right of Refusal. You are not required to provide any of the requested data. If you do not provide the requested data, group insurance program benefits may be denied or delayed for you, your spouse, or your dependent(s), as applicable.

Access to Data. The data that you provide may be shared with:

- Authorized personnel whose jobs reasonably require access
- Insurance and service providers, and other contracted vendors
- Any other person or entity authorized by federal or state law to access the data, including but not limited to the Office of the Legislative Auditor, the Minnesota Department of Health, the Minnesota Department of Commerce, or others as authorized by a court order

The parents of a minor may access private data about the minor unless there is a law, court order, or other legally binding instrument that blocks the parent from accessing the data.