



# Health Savings Account (HSA) Change in Contribution Form

*COMPLETE THIS FORM AND RETURN IT TO THE STATE EMPLOYEE GROUP INSURANCE PROGRAM.*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Employee ID: \_\_\_\_\_

New Annual HSA Contribution: \$ \_\_, \_\_ \_\_ \_\_. \_\_ \_\_

## 2016 Annual HSA Contributions

Coverage Type	Maximum Allowed
Single	\$3,350*
Family	\$6,750*

\* Employees age 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](http://www.irs.gov).

Maximums includes both employer and employee contributions. Maximum shown is for employees who have a full (100%) insurance contribution from their employer. Employer contribution for employees at 75%, 50% or 0% can be found on the MMB website: [mn.gov/mmb/segip](http://mn.gov/mmb/segip).

HSA contributions can be used to pay current medical expenses or saved for future medical expenses. Health plans administering the ACDHP work with a financial institution of their choice to oversee accounts.

Please sign and date the form below to authorize the change in payroll deductions. The new contribution will be effective the first of the month following receipt of your request to make this change.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_  
Month/Day/Year

### Minnesota Management & Budget -State Employee Group Insurance Program

400 Centennial, 658 Cedar Street, St. Paul, MN 55155 Fax: 651-296-5445.

If you have questions, please contact SEGIP representatives at 651-355-0100 or send email to SEGIP staff at [segip.mmb@state.mn.us](mailto:segip.mmb@state.mn.us)