

HSA Election Change Form



Instructions:

1. Complete the form and sign
2. Submit the completed form by email or postal mail:

Beneliance
Email: operations@beneliance.com
Subject Line: HSA Election Change

or

Beneliance
PO BOX 55068,
Little Rock, AR 72215

Part 1: Account Owner Information (Please Print)

Name _____ DOB _____ SSN# _____

Address _____ City _____ State _____ Zip _____

Home/Cell Phone (____) _____ Work Phone (____) _____ ext: _____

Email Address: _____

Part 2: HSA Election Change

☐ I want to change my HSA contributions.

☐ I want to stop my HSA Contributions

2024 HSA Annual Contribution Limits:* \$4,150 for Single Coverage, \$8,300 for Family Coverage

If you are age 55 and older, you can contribute an additional \$1,000 annually

New deduction per pay period: \$ _____

Effective Date of Change to Deductions: _____

*The individual/family contribution limits include employer contributions and earned wellness incentives.

Part 3: Authorization

I authorize Beneliance to update my annual HSA elections and my employer to update my payroll deduction amount.

HSA Owner Signature: _____

Date: ____/____/____
mm/dd/yy

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