

Eide Bailly Employee Benefits

5601 Green Valley Drive Suite 710
Minneapolis, MN 55437-1145
Phone: 952.944.6633 1.800.300.1672
Fax: 952.918.3622
www.eidebaillybenefits.com



Request for Change in HSA Participation

Benefit Year _____ Date: _____
Social Security Number: XXX - XX - _____
Last Name _____ First Name _____ Middle Initial _____
Address _____ City _____ State _____ Zip Code _____
Daytime Phone: (____) _____ Date of Hire _____
Employer _____

CHANGE IN PARTICIPATION, MID-YEAR ENROLLMENT DUE TO A STATUS CHANGE, or TERMINATION

I hereby revoke any previous authorization for the current plan year and authorize my employer to make the pre-tax payroll deductions, which I have indicated below. I also understand that deductions will be taken in equal amounts from each of my paychecks, but only if my pay is sufficient to cover those amounts.

Enter your new Annual HSA Contribution:

\$ _____

(This amount should not exceed IRS allowed maximums and may include certain rollovers from other eligible accounts.)

Employee Signature _____ Date _____

FOR EMPLOYER USE ONLY

Effective Date: _____
Employer Approval: _____ Date: _____
Change Approved: _____ Denied: _____