



**TRUCKEE MEADOWS FIRE PROTECTION DISTRICT
HEALTH SAVINGS ACCOUNT (HSA) - CHANGE OF CONTRIBUTION REQUEST**

Date: _____
Name: _____
Address: _____
City, State, Zip: _____
Phone Number: _____
Employee ID OR SSN: _____

A section 125 Plan allows employees to have deductions taken out of their check before taxes. Health Savings Accounts are an eligible deduction under the Plan.

I elect to change the following dollar/percentage for my Health Savings Account under the Section 125 Plan (before-tax):

_____ **CURRENT** per pay period dollar/percentage amount
_____ **NEW** per pay period dollar/percentage amount
_____ Start date of new contribution (pay period date please)

Terms and Conditions

I authorize the above payroll deductions as my contribution to my Employers Section 125 Plan.

Since I have elected the Health Savings Account benefit, I certify that I have met all the Health Savings Account eligibility requirements, which have been separately disclosed to me, and that I will notify my employer immediately in writing if I cease to meet any of the conditions for Health Savings Account eligibility during any month of the plan year.

This authorization replaces any previous authorization I have made. This election form shall remain in effect until the earlier of the following dates: date the participant terminations participation in the plan OR the effective date of a subsequently filed election form electing or changing any or all of the benefits listed on this form.

For questions regarding HSA's, contact American Fidelity at (775) 829-1313

Employee Signature

Date