



HSA Change of Status Form

Section I - Employee Information

Employer Name:				
Employee Name:			Social Security #:	
Check if new address <input type="checkbox"/>	Address:	City:	State:	Zip:
Check if new email address <input type="checkbox"/>	Email Address:			

Section II - Reason for HSA Change

Single to Family
 Family to Single
 Other *(please add detailed notes in this section)*
 Termination Date/Benefit End Date *(i.e. termination of employment, changing from HDHP to PPO, enrolling in Medicare).*

Additional Comments:

Effective Date of the Change _____

Any changes noted above will generally change the IRS maximum that may be contributed in the calendar year. Please encourage HSA owners to contact us whenever there is a change so that we may discuss the rules.

Section III - Employer Verification

Date _____ Signature of Employer _____