

## HSA Contribution CHANGE Form

This form can be used to request changes to your payroll contributions. The contribution change will take effect on the next pay period. Please complete this form and send to employee benefits at [employeebenefits@cctexas.com](mailto:employeebenefits@cctexas.com)

**Important Note:** Please do not provide any card information on this form as forms with debit card numbers will not be processed and will be destroyed for your protection.

### 1 Account Holder Information

Employee Name:	Employee ID #
Address:	Contact #:
City/State/Zip:	Plan: Police CDHP, Fire CDHP or City CDHP

### 2 Employee Contribution Information

Date change requested:	Current amount per pay period: \$
New Amount per pay period: \$	

### 3 Account Holder Authorization

I authorize the City of Corpus Christi to change the amount of my employee deduction as indicated above.

x

\_\_\_\_\_  
Account Holder Signature

\_\_\_\_\_  
Date

Thank you for allowing us to serve you.

**Where to return your form?**  
[employeebenefits@cctexas.com](mailto:employeebenefits@cctexas.com) Fax: 361-844-1730  
HR Benefits, 2nd floor of City Hall