

HSA Election Change Form

Instructions:

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

DataPath Administrative Services
Email: abbes@datapathadmin.com
Subject Line: HSA Election Change

or

DataPath Administrative Services
1601 Westpark Drive, Ste 9
Little Rock, AR 72204

Part 1: Account Owner Information (Please Print)

Name _____ DOB _____ SSN# _____

Address _____ City _____ State _____ Zip _____

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

Part 2: HSA Election Change

I want to change my HSA contributions.

2023 HSA Annual Contribution Limits:* \$3,850 for Single Coverage, \$7,750 for Family Coverage

If you are age 55 and older, you can contribute an additional \$1,000 annually
(\$4,850 for Single Coverage, \$8,750 for Family Coverage)

New deduction per pay period: \$ _____

*The individual/family contribution limits include employer contributions and earned wellness incentives.
Please allow 1 to 2 pay periods for the change in contribution amount to take effect.

Part 3: Authorization

I authorize DataPath Administrative Services 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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