

### Healthcare Savings Account Change Form

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_

Date: \_\_\_\_\_

#### Where should the deduction be sent:

- ☐ American Fidelity  
☐ Other: \_\_\_\_\_

#### HAS Contribution Change

Increase my monthly contribution to: \_\_\_\_\_  
Effective Date: \_\_\_\_\_

Decrease my monthly contribution to: \_\_\_\_\_  
Effective Date: \_\_\_\_\_

One-time contribution of: \_\_\_\_\_  
Effective Date: \_\_\_\_\_

Other: \_\_\_\_\_

Signature: \_\_\_\_\_

#### 2026 Annual HSA Contributions

Coverage Type	2026 Maximum Allowed
Single	\$4400
Family	\$8750

\*Catch-up contribution (age 55+) is \$1,000