

# Health Savings Account (HSA)

## Change in Contribution Form



**Instructions:** This form is used to elect your personal payroll contribution amount towards the HSA. The employer contribution amount towards the HSA can be found on the MMB SEGIP website: [mn.gov/mmb/segip](http://mn.gov/mmb/segip). **Be sure to consider the standard contributions made by the employer when making your personal election, so your *total combined* contribution is not more than the annual maximum.**

**Warning:** The payroll system will not calculate your total combined contributions for you. Overcontributing may lead to tax implications. Consult your tax professional with questions.

HSA contributions can be used to pay current medical expenses or saved for future medical expenses. Health plans administering the Advantage High Deductible Health Plan (HDHP) work with a financial institution of their choice to oversee the HSA accounts. Your health plan will advise you of their associated financial institution.

The new contribution will be effective the first of the month following SEGIP's receipt of your request to make this change.

## Employee Information – All Information is required

Name \_\_\_\_\_ SSN XXX-XX- \_\_\_\_\_ Employee ID # \_\_\_\_\_  
(Last, First, Middle Initial)

Phone (work) \_\_\_\_\_ Phone (Home) \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip code \_\_\_\_\_

New Annual Personal HSA Contribution: \$ \_\_\_\_\_

## 2021 Annual HSA Contribution Maximums

Coverage Type	Maximum Allowed
Single	\$3,600*
Family	\$7,200*

\* Employees age 55 and greater can increase their maximum allowed HSA contribution up to \$1,000 over the amounts listed above. HSA contribution limits are determined by the IRS. For more information, view Publication 969 at [www.irs.gov](http://www.irs.gov).

\* These annual HSA contribution maximums include both personal and any employer contributions. Your requested Annual Personal HSA Contribution amount should **not** include the amount contributed by the employer.

## Employee Authorization

I authorize the change in payroll deduction. This authorization is valid for the remainder of the plan year or until revoked by operation of law.

Employee Signature \_\_\_\_\_ Today's Date \_\_\_\_\_

Submit your form to SEGIP: Secure fax 651-296-5445; Mail MMB/SEGIP, 400 Centennial Building, 658 Cedar Street, Saint Paul, MN 55155; Scan and email (secure only when sent from a @state.mn.us account) [segip.mmb@state.mn.us](mailto:segip.mmb@state.mn.us).

Questions? Call us at 651-355-0100

## NOTICE OF COLLECTION OF PRIVATE DATA

Minnesota Management and Budget (MMB) administers the State Employee Group Insurance Program (SEGIP). This notice explains why we are requesting the private data about you, your spouse, and dependents, how we will use it, who will see it, your obligation to provide the data, and the result of providing or not providing the requested data.

### **What data will we use?**

We will use the data you provide us at this time, as well as data previously provided us, about you, your spouse, and dependents. If you provide any data that is not necessary, we will not use it for any purpose.

### **Why we ask you for this data?**

We ask for this data so that we can successfully administer employee insurance benefits. This data is used to process your request to add, change, or drop coverage for yourself and your spouse or dependents. The requested data also helps us to determine eligibility, to identify, and to contact you and your spouse and dependents. The data is used to administer programs, develop new programs, to determine if programs are properly managed and meet member needs, and to comply with federal and state laws and rules.

### **Do you have to answer the questions we ask?**

You are not required to provide any of the data but certain data must be collected or we may be unable to administer the programs or provide you your benefits.

### **What will happen if you do not answer the questions we ask?**

If you do not provide the requested data, you or your spouse and dependent may not be approved to participate in a program or may lose coverage under the program or the participation may be delayed.

### **Who else may see this data about you and your spouse and dependents?**

We may give data about you, your spouse and dependents to the insurance and service providers you have chosen, as well as SEGIP's other contracted vendors, so that they may help administer the programs. We may also provide this data to the Legislative Auditor; the Department of Health; the Department of Commerce; and any law enforcement agency or other agency with the legal authority to have the data; and anyone authorized by a court order. In addition, the parents of a minor may see data on the minor unless there is a law, rule, court order, or other legally binding instrument that blocks the parent from that data.

### **How else may this data be used?**

We can use or release this data only as stated in this notice or allowed under law unless you give us your written permission to release the data for another purpose or to release it to another individual or entity. The data may also be used for another purpose if Congress or the Minnesota Legislature passes a law allowing or requiring us to release the data or to use it for another purpose.

Tennessen updated 9/2017