



## Health Savings Account (HSA) Contribution Change Form

Name: \_\_\_\_\_ SSN or Employee ID: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Date of Change:** \_\_\_\_\_

**New monthly contribution amount:** \$ \_\_\_\_\_.

I understand and agree to the following:

- I have reviewed and met all of the eligibility requirements to participate in a Health Savings Account;
- Ruan will serve as a sponsor by providing a qualified High Deductible Health Plan (HDHP) and allow pre-tax contributions to my HSA account through payroll deduction. Ruan bears no other responsibility regarding my HSA account. Any issues regarding my personal HSA account are between me and the banking administrator;
- My HSA contribution will be deducted pre-tax from my payroll on the last paycheck of the month;
- The banking administrator may charge account fees for which I am liable for payment;
- I may only contribute up to the maximum allowed under IRS regulations and that Ruan's contributions, if any, may affect the total amount I may save on a monthly or annual basis;
- I may change or cancel my payroll contributions at any time, and that any changes must be submitted in writing to the Ruan Human Resources Department;
- Once contributions are deposited into my account Ruan cannot refund or retrieve funds from the account, therefore it will be my responsibility to contact Bankers Trust and make any corrections;
- I am ultimately responsible for the recordkeeping, management, compliance and tax reporting of my HSA account.

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

Send the completed form to: Ruan Human Resources  
PO Box 855  
Des Moines, IA 50306

Phone: 1-800-845-6675  
Fax: 515-558-3497