

IU HDHP PPO & Medical Savings Plan Medical Savings Contribution Change Form

Complete this form to make a mid-year change to your Medical Savings Plan annual contribution amount. Return to University Human Resource Services, ATTN: Health Plan Consultant, Poplars E165, IU Bloomington.

Name: _____ Indiana University ID #: _____

Campus Phone #: _____ Department: _____ Campus: _____

Current HDHP Coverage Level: Employee Only Employee w/Spouse
 Employee w/Child(ren) Family

A. Change Current Medical Savings Annual Contribution Amount. The contribution deducted from each remaining 2009 pay period will be the difference between the new annual contribution and the year-to-date contributions (yours and IU's) divided by the number of remaining pay periods. The number of remaining pay periods is determined by when this form is received and processing is completed. (Pay calculations close approximately one week before pay is issued; forms received after a pay period closing are not processed until the following pay period.)

Enter your *current* total 2009 annual contribution: \$ _____

Enter your *new* total 2009 annual contribution: \$ _____

(The annual contribution must be an amount between the allowed minimum and maximum. Please enter your new *total* annual contribution, not just additional contributions.)

Minimum annual contribution is the greater of:

- The minimum \$250 annual contribution; or
- Your accumulated year-to-date contribution as of your last pay check.

Maximum annual contribution (IRS maximum less \$250 university contribution):

Under age 55:

- Employee-only HDHP.....\$2,750
- Family HDHP*.....\$5,450

Age 55 or older (includes \$1,000 catch up):

- Employee-only HDHP.....\$3,750
- Family HDHP*.....\$6,450

**Family coverage includes Employee w/Spouse, Employee w/Children and Family HDHP Coverage.*

B. Pay Cycle: 26 Pay 12 Pay 10 Pay

Employee Authorization

I authorize IU to withhold my contributions for this plan from my pay on a pre-tax basis. The per-pay period contribution will be determined by subtracting my year-to-date payroll deductions from the new elected annual amount and dividing over the remaining pay periods for the year.

Signature: _____ **Date:** _____, 20__

FOR UHRS USE ONLY:

_____	-	_____	=	_____	/	_____	=	_____
New Annual Contribution		YTD Deductions		Remaining Deductions		# Pay Periods Remaining		New Payroll Deduction Amount

Accepted by: _____ Date: ____/____/____