

HEALTH SAVINGS ACCOUNT (HSA) CONTRIBUTION CANCELLATION REQUEST

SECTION 1: MEMBER INFORMATION

LAST NAME			FIRST NAME		M.I.
EMPLOYEE ID NUMBER (EIN)	SOCIAL SECURITY NUMBER (REQUIRED)	BIRTH DATE	<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE		
STREET		CITY	ZIP	AGENCY	
HOME PHONE	CELL PHONE		EMAIL		

SECTION 2: CANCEL EMPLOYER CONTRIBUTION

PLEASE NOTE: The purpose of this form is to stop the employer portion of your bi-weekly HSA contributions. To stop your employee contribution from your paycheck, see "Employee Contribution Cancellation Acknowledgement" below.

REASON FOR REQUEST

<input type="checkbox"/> I am ineligible for an HSA because: <ul style="list-style-type: none"> <input type="checkbox"/> I am eligible for Medicare <input type="checkbox"/> I am covered by TriCare <input type="checkbox"/> I am receiving benefits from the Veterans Administration <input type="checkbox"/> I am being claimed as a dependent on another person's tax return <input type="checkbox"/> I am covered by my spouse's medical plan 	<input type="checkbox"/> I have exceeded my annual contribution limits. <input type="checkbox"/> Other:
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AUTHORIZATION

- I am enrolled in the State of Arizona's HSA Plan. I understand it is my responsibility to manage my contributions in accordance with federal guidelines based on my eligibility as well as that of my dependents.
- I hereby request and authorize the State of Arizona to stop the agency contribution sent to my health savings account with Optum Bank.
- Paycheck Stop Date for Agency Contribution: _____
To see a paycheck schedule, visit benefitoptions.az.gov/payrollcalendar

SECTION 3: EMPLOYEE CONTRIBUTION CANCELLATION ACKNOWLEDGEMENT

- I acknowledge that to stop my employee contribution from my paycheck, I must access hrsystems.azdoa.gov > Y.E.S Portal > Your Employee Services > Benefits > Elections > Health > Additional Contribution.

SECTION 4: SIGNATURE

PRINT NAME _____

DATE _____

SIGNATURE _____

Return the form to your agency liaison or ADOA HR/Benefits at the contact information below.

**ARIZONA DEPARTMENT OF ADMINISTRATION- HR/BENEFITS, PO BOX 6548, PHOENIX, AZ 85005
 BENEFITS@AZDOA.GOV | 602-542-5008 | 1-800-304-3687 | FAX: 602-542-4744 | BENEFITOPTIONS.AZ.GOV**