

## Health Savings Account Change

### Purpose

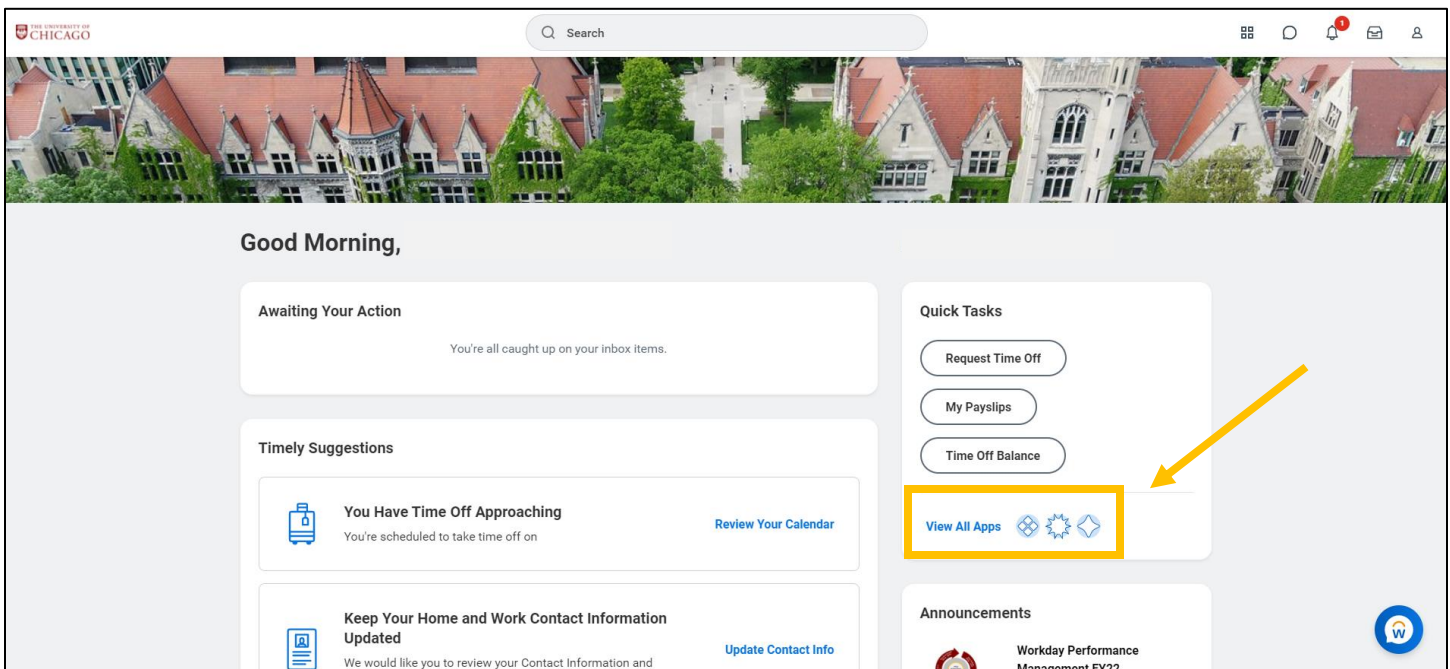
This document explains how to change your contribution election to the Health Savings Account (HSA).

### Keep in Mind

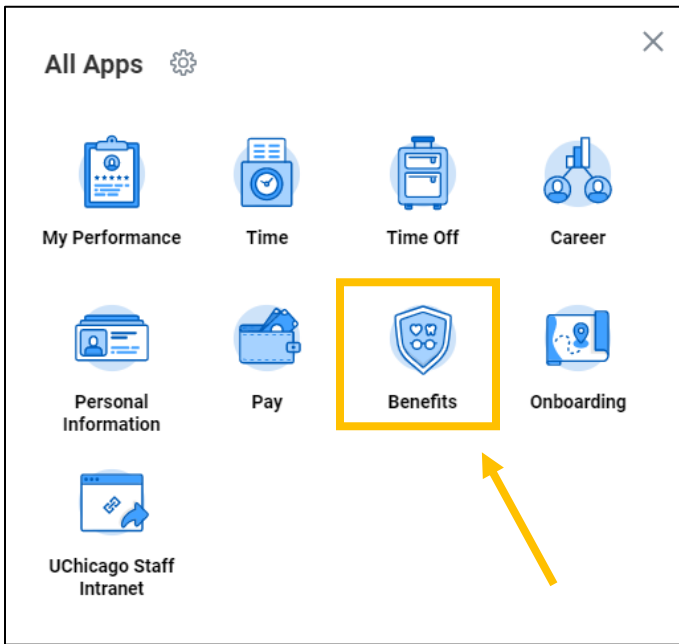
- Only employees enrolled in the Blue Cross Blue Shield HDHP Maroon Savings Choice Plan may enroll in the Health Savings Account (HSA).

### Steps to Change HSA Contributions

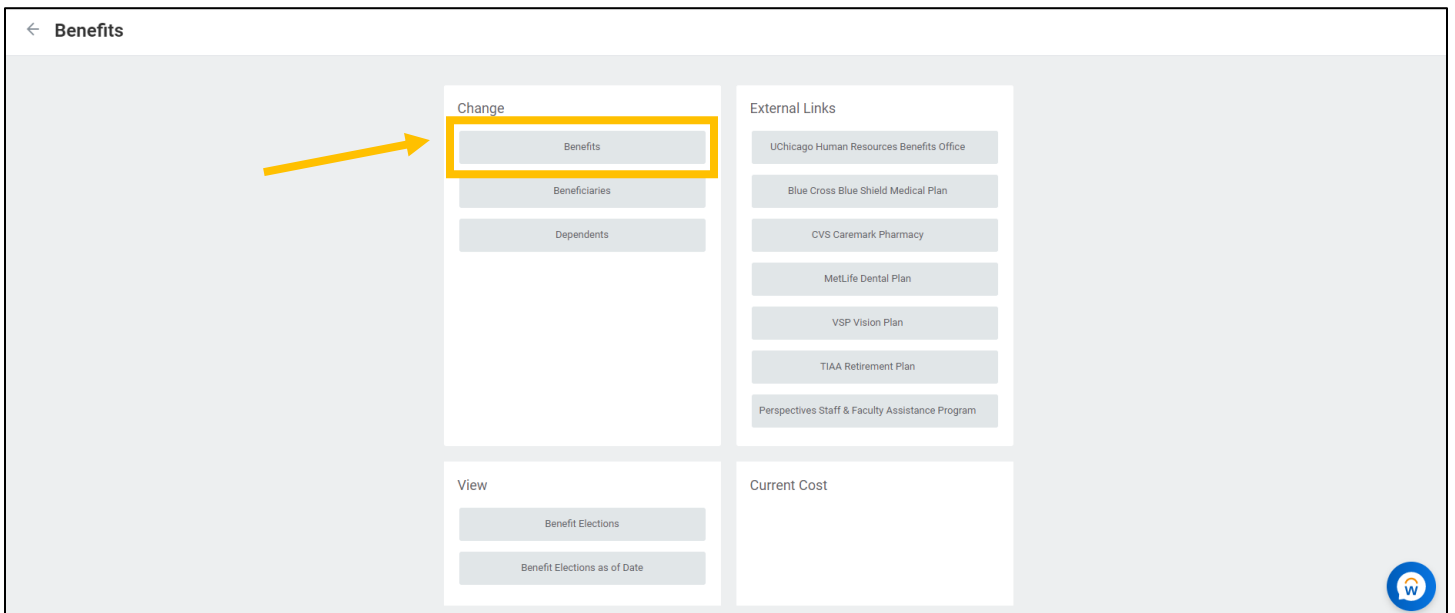
1. Log in to [Workday](#) using your CNet ID and Password.
2. From the Home page, click **View All Apps** at the bottom of the **Quick Tasks** card on the right side of the screen.



3. Click on the **Benefits** icon.



4. In the **Change** card (top left), click on **Benefits**.



5. From the **Change Reason** dropdown menu, choose **HSA Change**.

6. Type or use the calendar icon to select the **Date of Change Request**.

- New elections will go into effect on the **first day of the month following the Date of Change Request**.
- Enter **today's date** for the new election to begin in the next following month.
- Changes to the Health Savings Account may not be back-dated or take effect retroactively.

### Change Benefits

Change Reason \* HSA Change

Date of Change Request \* 08/26/2021

Submit Elections By 08/26/2021

Benefits Offered Health Savings Account

**Attachments**

August 2021						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31	1	2	3	4

- Click the **Submit** button.
- You will see a pop-up with the next task to complete. Click **Open**.

**You have submitted**

Up Next: Change Benefit Elections

[View Details](#)

**Open**

- On the next screen, click the **Let's Get Started** button.
- Click **Manage** on the Health Savings Account card.

### Accounts

**Health Savings Account**

HSA Bank

Contribution (Monthly) \$0.00

**Manage**

- If you wish to stop contributing to your Health Savings Account, select the radio button next to **Waive** for the appropriate plan(s). Click the **Confirm and Continue** button and skip to Step #14 of this guide.

### Health Savings Account

Projected Total Cost (Monthly)  
\$0.00

#### Plans Available

Select a plan or Waive to opt out of Health Savings Account.

1 item

*Selection	Benefit Plan	You Contribute (Monthly)
<input type="radio"/> Select <input checked="" type="radio"/> Waive	HSA Bank	

Confirm and Continue Cancel

12. If you wish to elect the Health Savings Account for the first time or change your contribution amount, select the radio button next to **Select** for the appropriate plan(s). Click the **Confirm and Continue** button to proceed to the next screen.

### Health Savings Account

Projected Total Cost Per Paycheck  
\$500.00

#### Plans Available

Select a plan or Waive to opt out of Health Savings Account.

1 item

*Selection	Benefit Plan	You Contribute (Monthly)
<input checked="" type="radio"/> Select <input type="radio"/> Waive	HSA Bank	\$500.00

Confirm and Continue Cancel

13. On the next screen, indicate the amount you would like to contribute to your HSA Per Paycheck or Annually. The remaining fields will calculate automatically based on your entry. Click **Save**.

- You may not decrease your annual contribution to an amount that is lower than the contributions you have already made this year.

### Health Savings Account - HSA Bank

Projected Total Cost Per Paycheck  
\$250.00

#### Contribute

Your estimated contributions made this year 3,000.00

Per Paycheck

Annual  Remaining Paychecks 3

Minimum Annual Amount: \$1.00  
Maximum Annual Amount: \$6,200.00

#### Summary

Total Annual HSA Contribution \$3,750.00

14. Click **Review and Sign**.

15. Review the Selected Benefits, taking note of the **Coverage Begin Date** for your new coverage amount.

16. Scroll down to the bottom of the page. Read the Electronic Signature and click the **I Accept** checkbox.

17. Click **Submit**.


### Electronic Signature

I hereby apply for participation in the University of Chicago's benefits plan(s) for those benefits for which I am or may become eligible under the terms and conditions of said plan and any present or future amendments thereto, and subject to acceptance of my enrollment.

By selecting the I AGREE button, you certify that:

- You authorize the University of Chicago to deduct from your earnings the required contributions, if any, toward the cost of the plan(s); and
- You cannot change any of your elections for medical, dental, vision, or health and/or dependent care flexible spending accounts until the next open enrollment period, unless you have a qualified life event. Proof of the life event is required and must be submitted within 31 days of the life event effective date.

I Accept



18. Click the **View Benefits Statement** button to print your contribution change for your records.

- Once you click **Submit**, the event will be routed to a Benefits Specialist for approval. You will be able to view your updated contribution amount on your Workday profile once the event is approved and the effective date has passed.