



Internal Services Agency

Department of Personnel Services

Employee Benefits Office

AnnMarie Meyer, Manager

Terry Schutten, County Executive

Mark Norris, Agency Administrator

David Devine, Department Director

County of Sacramento

**HEALTH SAVINGS ACCOUNT
ELECTION CHANGE FORM**

Employee Name _____ SSN _____

Address: _____ City: _____ Zip: _____

Prior Annual Election \$ _____ New Annual Election \$ _____

Prior Pay Period Deduction \$ _____ New Pay Period Deduction \$ _____

Employee Signature

Date

Office Use Only

Effective Date	PIN
Reviewed By	Date