

City of Jeffersonville

**FLEXIBLE SAVING/HEALTH SAVING CONTRIBUTION
CHANGE FORM**

Effective: _____ I would like make the following changes:

- FSA contribution: Add/Change/Delete
- HSA contribution: Change

I designate the City of Jeffersonville to deduct \$ _____
for my account, which will come from my payroll check each **PAY PERIOD**; unless
otherwise revoked in writing. Pre-taxable deductions will be distributed over the
remaining number of pay periods throughout the year.

Signature

Printed Name

Date

Department