



STATE OF CONNECTICUT – COUNTY OF TOLLAND
INCORPORATED 1786

TOWN OF ELLINGTON

Finance Office

55 MAIN STREET – PO BOX 187
ELLINGTON, CONNECTICUT 06029-0187
TEL 870-3115 FAX 870-3158
www.ellington-ct.gov

Health Savings Account

CHANGE IN DEFERRED WITHHOLDING AMOUNT
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To: Finance Office

From: _____
Employee Printed Name

I wish to modify the amount of my Health Savings Account withholding, and I hereby agree to:

\$ _____ per year (at the rate of \$ _____ per pay period)

Or

\$ _____ one time change, then return to previous amount

Effective Date of Change: _____

Employee Signature

Date