Job Aid:
Changing HSA Elections

Document Name: Changing HSA Elections		
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Date Revised: 10/10/2025	**Revised by:** Yarixza Gonzalez	**Approved by:**

Purpose

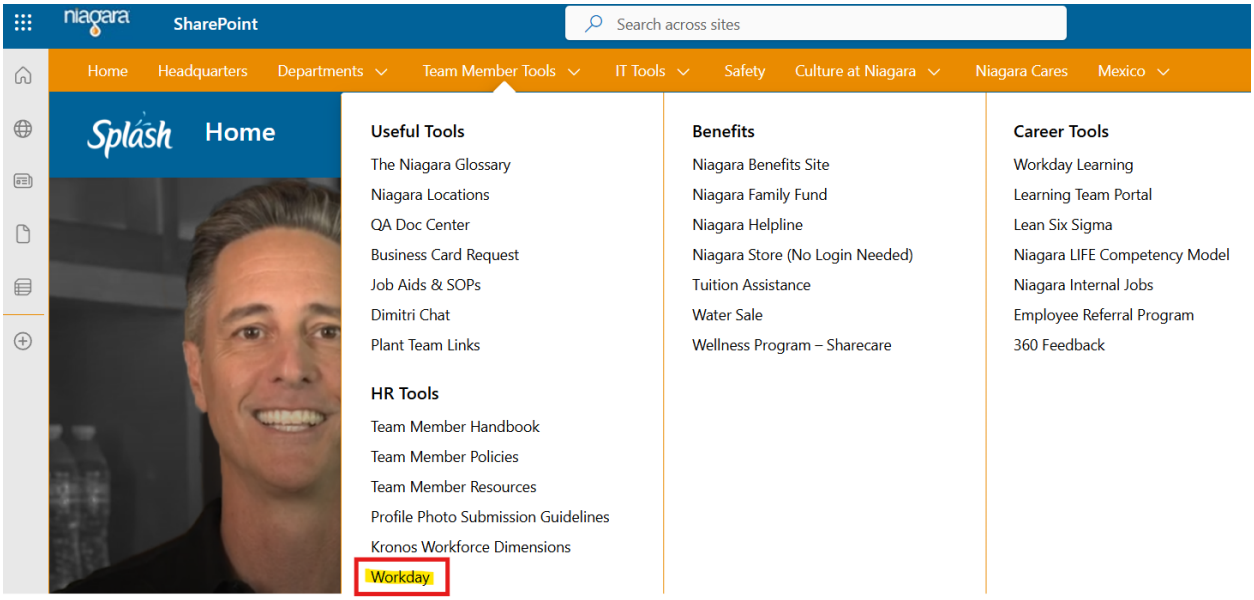
The IRS allows changes to your Health Savings Accounts at any time. Follow this SOP to increase or decrease your annual HSA election. Please allow 1-2 pay periods before the change takes effect.

Overview

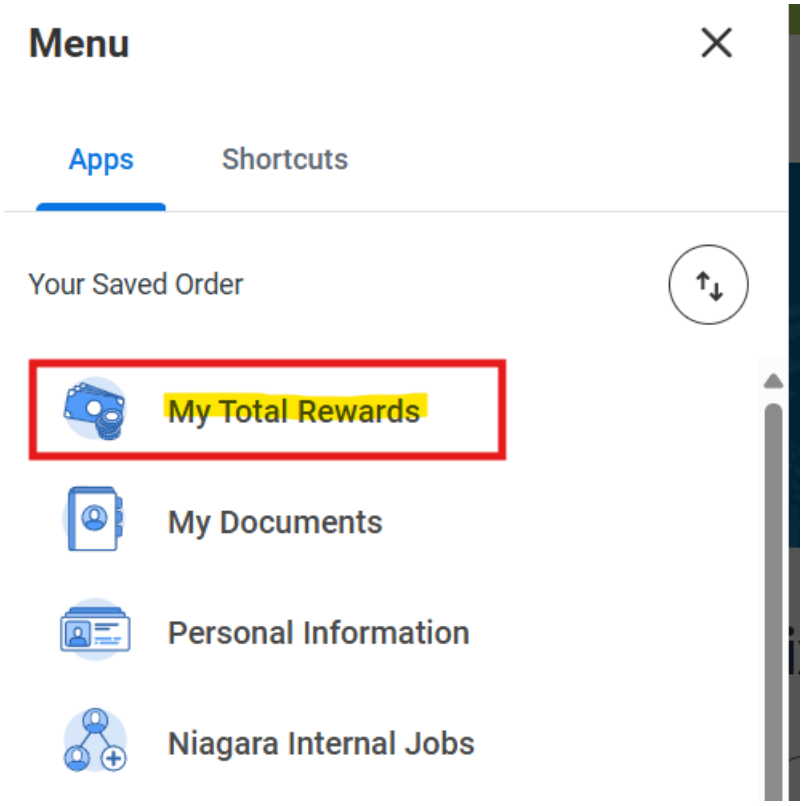
This job aid will walk you through the steps of changing your HSA contribution in Workday.

Procedure

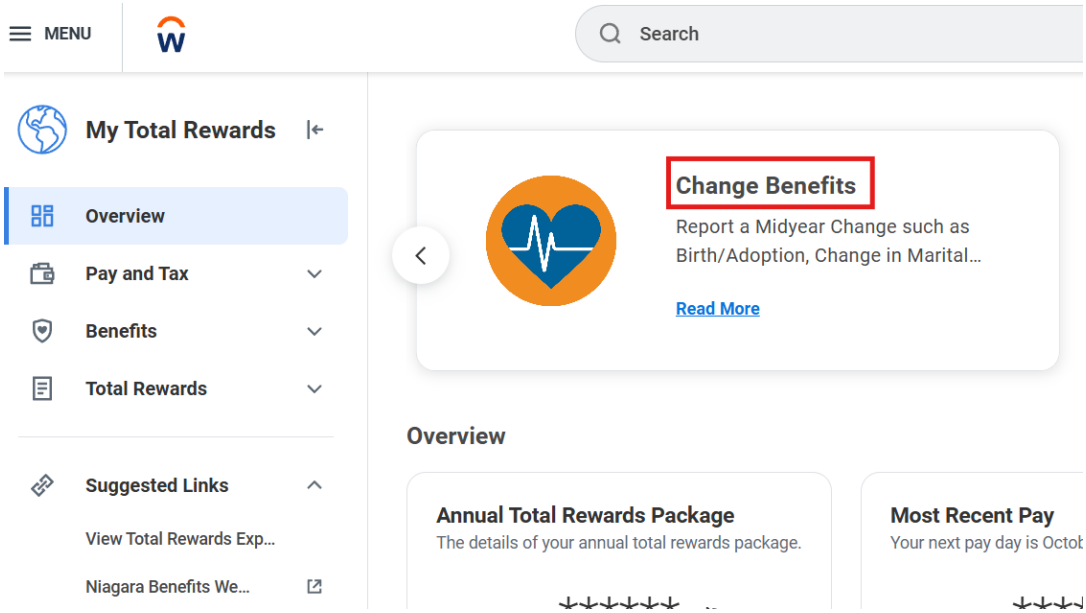
1. Open an internet browser like Firefox or Google Chrome and access Workday via Splash located under Team Member Tools



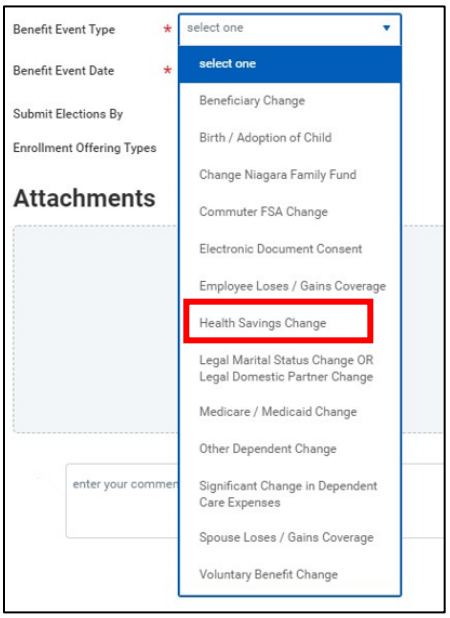
2. From the Workday home page, find the Menu tab on the top left corner and click My Total Reward



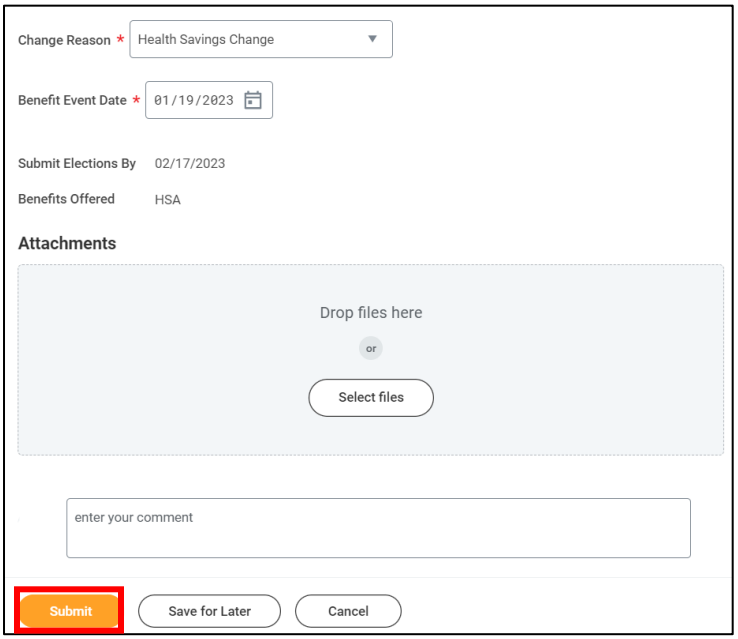
3. Select Change Benefits from the right navigation area.



4. From the drop down menu, select **Health Savings Change** for the Benefit Event Type

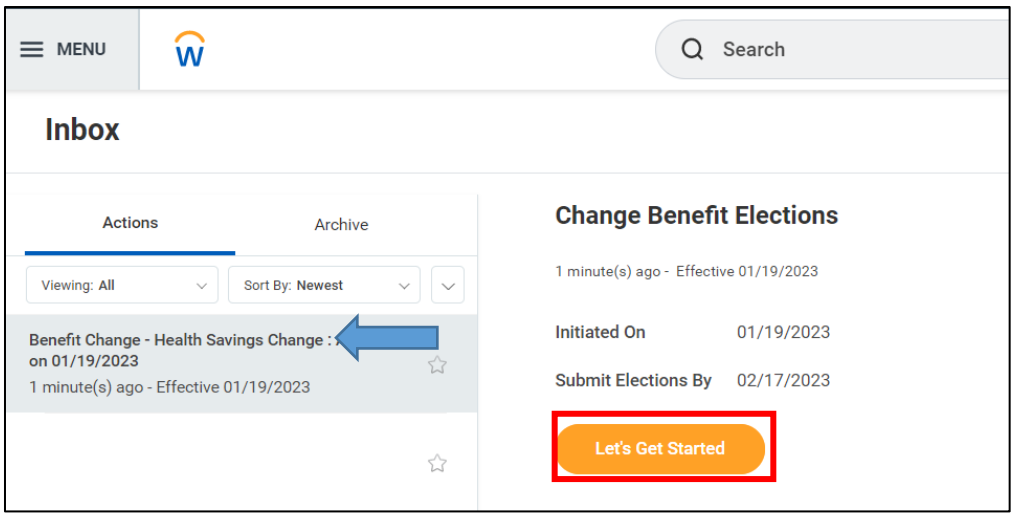


5. Choose today's date for the Benefits Event date and click **Submit**

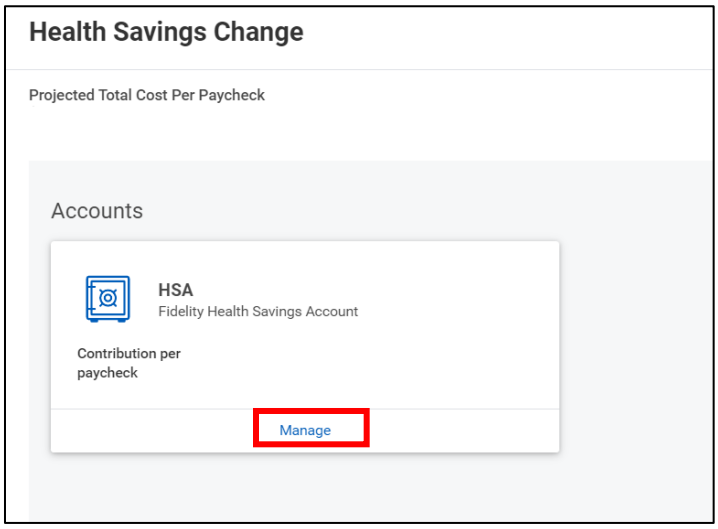


6. On the top right corner of your screen, you will see a notification in your Workday inbox, select the inbox icon

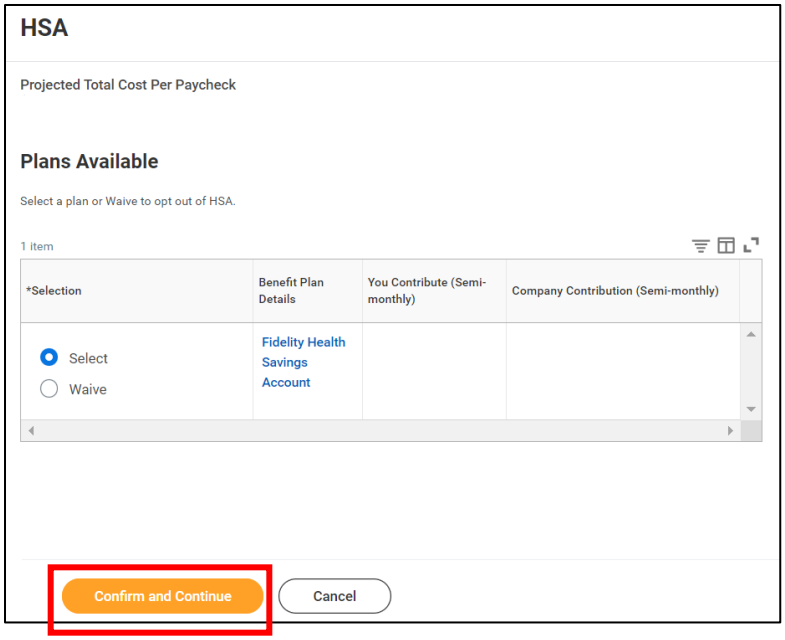
7. Find the Action that is related to your HSA change and click on **Let's Get Started**



8. Click **Manage** on the HSA card

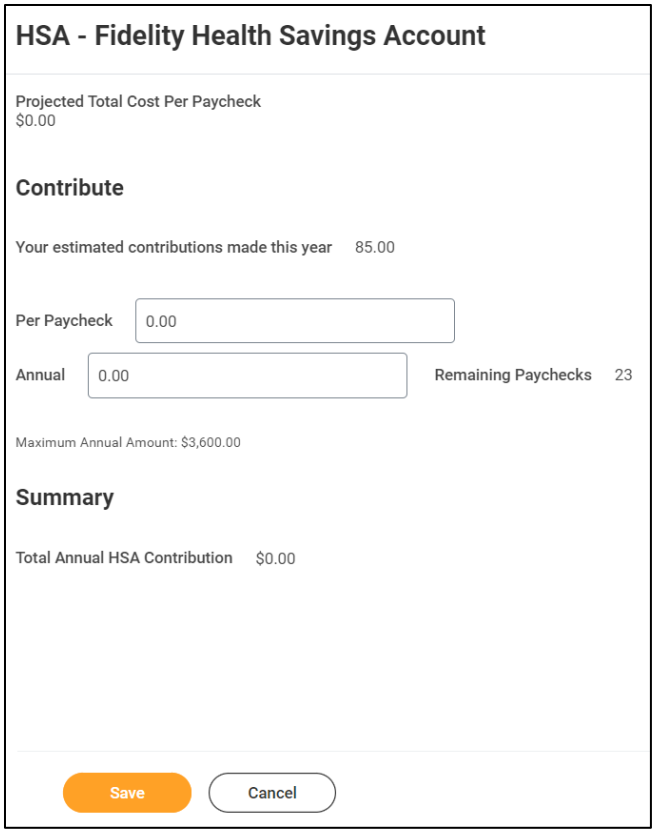


9. Click **Confirm and Continue**

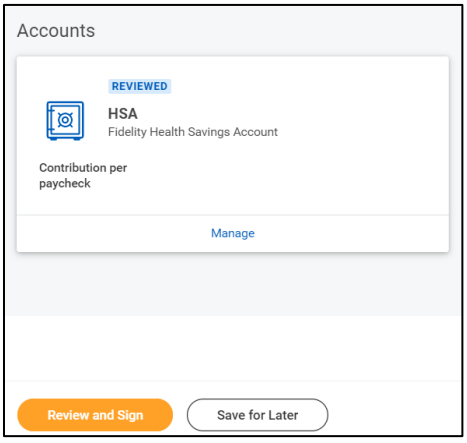


10. You can choose to enter a per paycheck amount OR your new annual amount.
    a. If you enter a per pay amount, Workday will automatically calculate your new Annual Amount.
    b. If you enter a new Annual Amount, Workday will automatically calculate your per pay deduction.

    ** Please note: Workday will calculate based on the number of remaining paychecks. We cannot override this feature. **



11. Once you finish, click **Save**
12. Click **Review and Sign** at the bottom of the page



13. Don't forget to complete the election by reviewing the electronic signature notice and Fidelity agreement

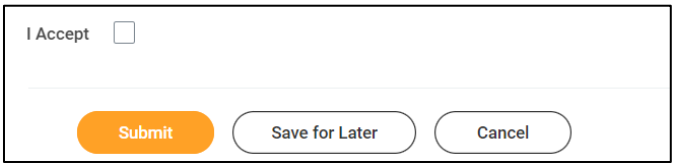
Electronic Signature

Legal Notice: Please Read

Your name and Password are considered your "Electronic Signature" and will serve as your confirmation of the accuracy of the information being submitted. When you check the "I Accept" checkbox, you are certifying that:

- You understand and approve the enrollment as indicated above. You hereby authorize the company to deduct from your earnings the amount of your premiums or other contributions (if any) for the benefit options elected above.
- You understand and acknowledge that under the Internal Revenue Code regulations rules, **you may not change your benefit elections during the calendar year unless you experience a qualified change in status (QLE).**
- If you decline medical insurance enrollment for yourself or your dependents, including your spouse, because of other medical insurance coverage, in the future you may be able to enroll yourself or your dependents in a Niagara medical plan, provided you request enrollment, typically within **30 days** after your other coverage ends. In addition, if you have a new spouse or dependent as a result of legal marital status change, birth, or adoption, you may be able to enroll yourself, your spouse and your dependents, provided you request enrollment within **30 days** after the Qualifying Life Event (QLE) date.
- You understand that you will not pay income tax or FICA tax on medical, dental, vision, and Flexible Spending Account contributions. These benefits are paid through the Flexible Benefits Plan on a pre-tax basis.
- Company-provided life insurance that exceeds $50,000 may be subject to imputed income.
- Each year, during the Open Enrollment period, you will have the option to change certain coverage, whether or not you have had a qualified change in status event during the calendar year.
- During the Open Enrollment, should you not submit your elections by the deadline, **Niagara will carryover all prior year elections and will charge the updated payroll contributions starting in January.** Following the Open Enrollment deadline, changes may only be made during a Qualifying Life Event (QLE).
- In accordance with HIPAA, you understand that if you enroll in a Medical plan, Niagara may disclose information to third parties in connection with plan administration, through executed enrollment forms, or in another manner which satisfies applicable law.
- You understand if you enroll in a Niagara medical plan, covered Team Members and Spouses/Partners will be asked to voluntarily participate in the Hydrate Your Health 2.0 Wellness program. **Failure to complete wellness activities by stated deadlines will result in additional payroll contributions** through the Wellness Surcharge, beginning in April. Wellness Rewards are treated as taxable income upon redemption.

14. Check the ***I Accept*** box before submitting



****Please allow 1-2 pay periods for the change to take effect****