

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

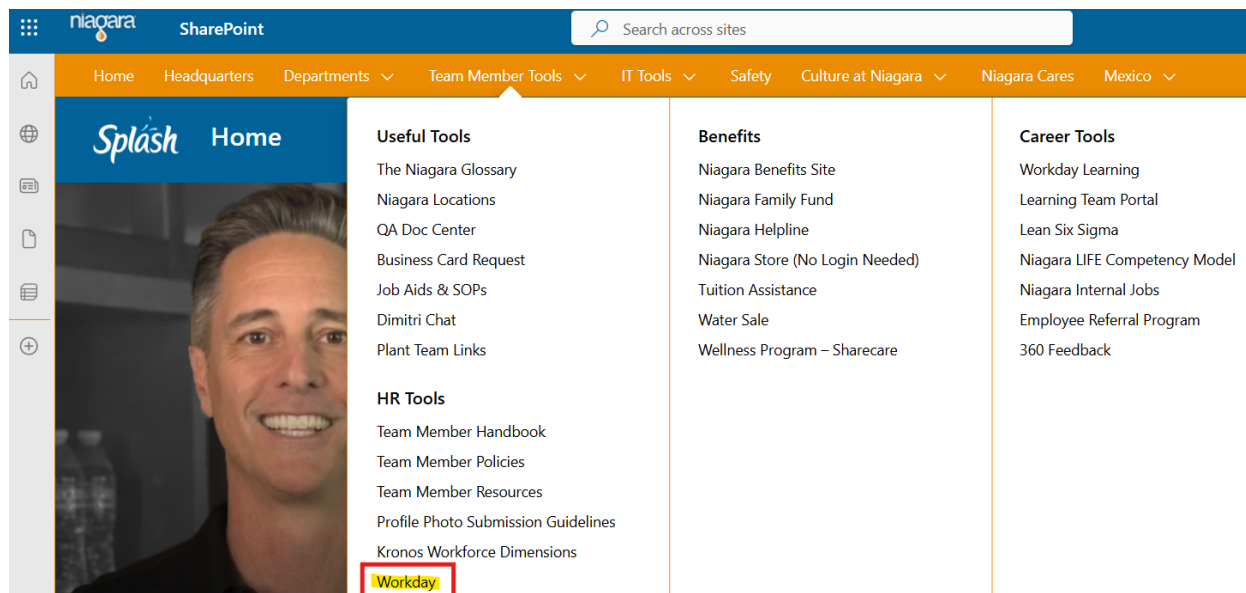
The IRS allows changes to your Health Savings Accounts at any time. Follow this SOP to increase or decrease your annual HSA election. Please allow 1-2 pay periods before the change takes effect.

Overview

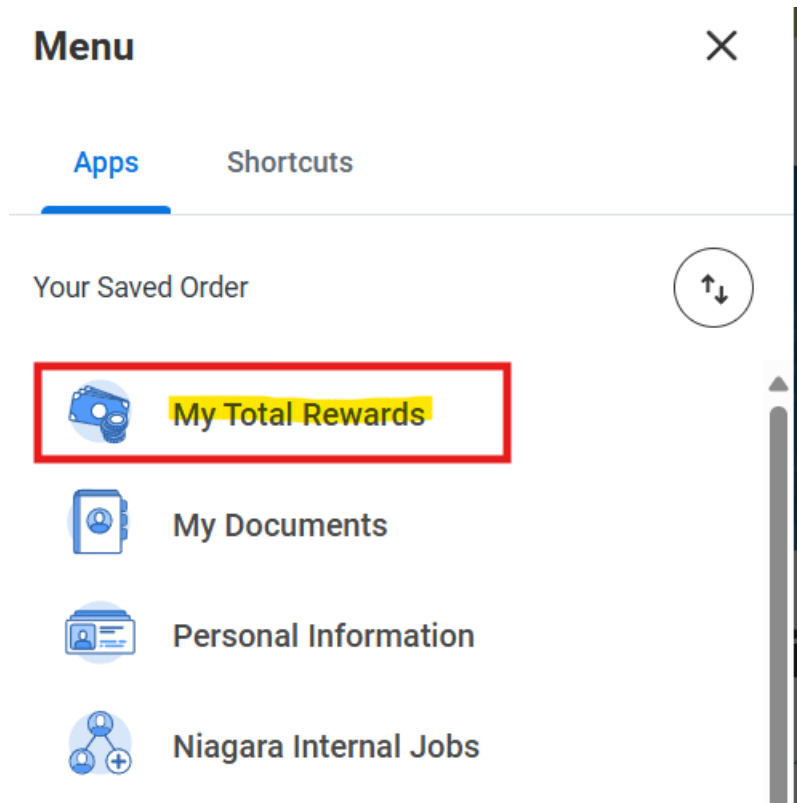
This job aid will walk you through the steps of changing your HSA contribution in Workday.

Procedure

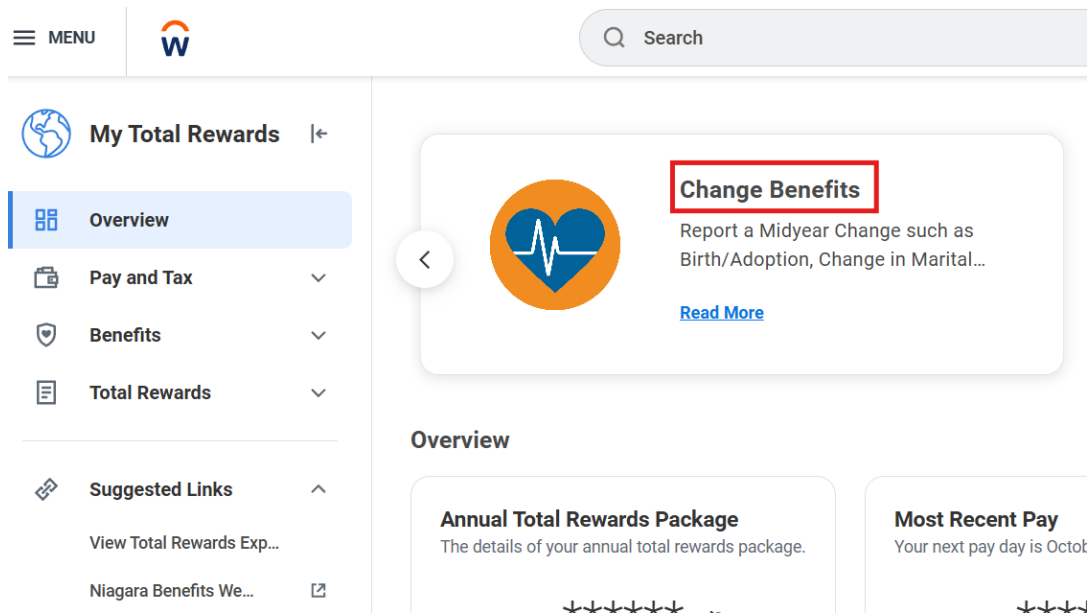
1. Open an internet browser like Firefox or Google Chrome and access Workday via Splash located under Team Member Tools



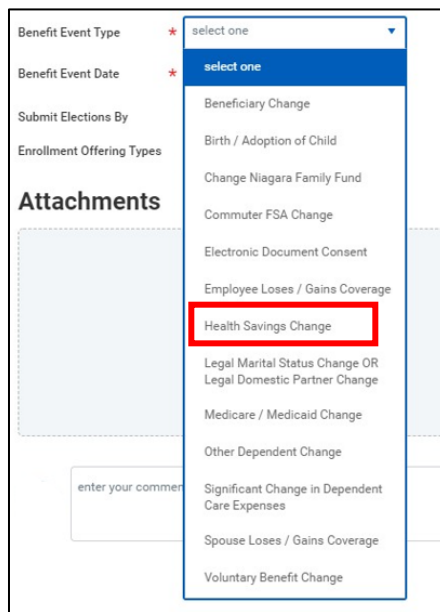
- From the Workday home page, find the Menu tab on the top left corner and click My Total Reward



- Select Change Benefits from the right navigation area.

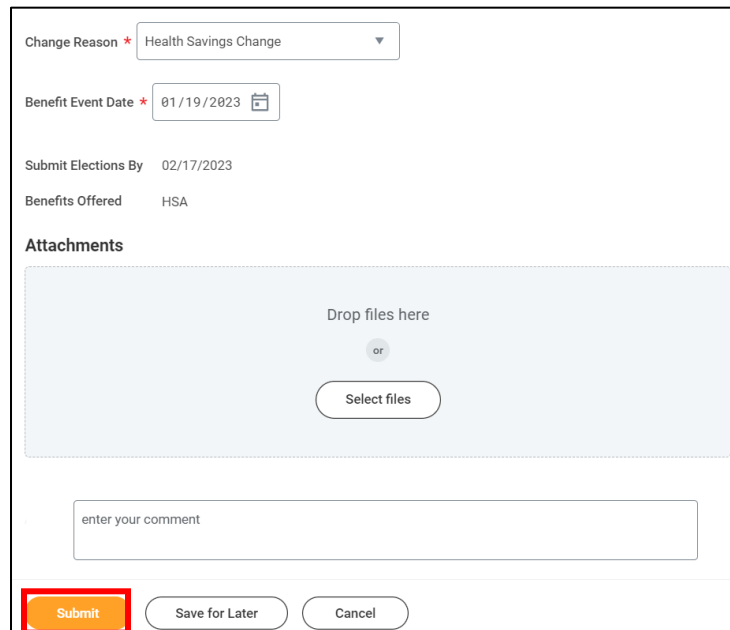


4. From the drop down menu, select **Health Savings Change** for the Benefit Event Type



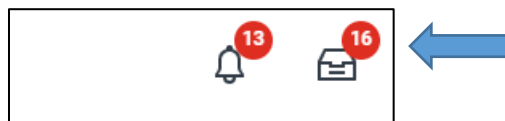
The screenshot shows a form with the following fields: 'Benefit Event Type' (marked with a red asterisk), 'Benefit Event Date' (marked with a red asterisk), 'Submit Elections By', and 'Enrollment Offering Types'. The 'Benefit Event Type' dropdown menu is open, displaying a list of options. The option 'Health Savings Change' is highlighted with a red rectangular box. Other options in the list include 'Beneficiary Change', 'Birth / Adoption of Child', 'Change Niagara Family Fund', 'Commuter FSA Change', 'Electronic Document Consent', 'Employee Loses / Gains Coverage', 'Legal Marital Status Change OR Legal Domestic Partner Change', 'Medicare / Medicaid Change', 'Other Dependent Change', 'Significant Change in Dependent Care Expenses', 'Spouse Loses / Gains Coverage', and 'Voluntary Benefit Change'. Below the dropdown, there is a text input field labeled 'enter your comment'.

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

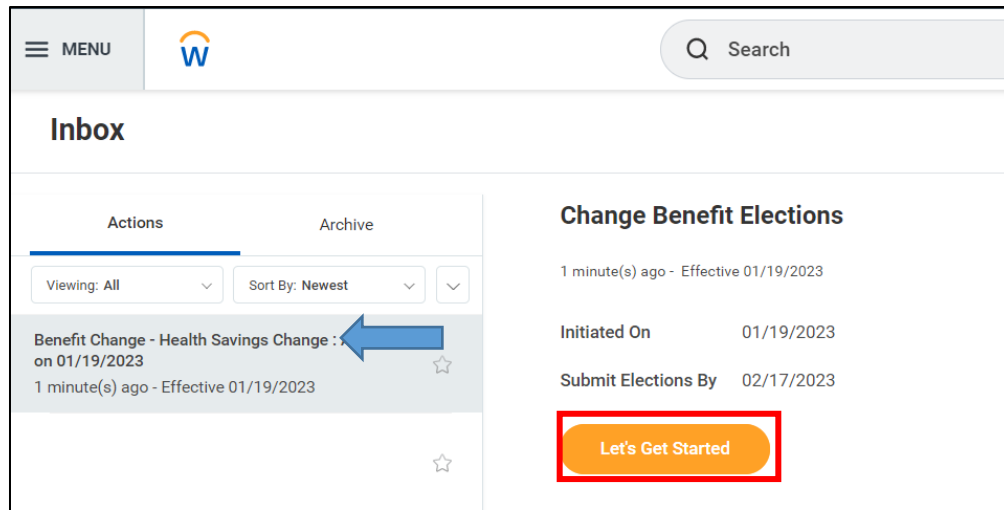


The screenshot shows the completed form with the following values: 'Change Reason' is 'Health Savings Change' (selected from a dropdown), 'Benefit Event Date' is '01/19/2023' (selected from a date picker), 'Submit Elections By' is '02/17/2023', and 'Benefits Offered' is 'HSA'. The 'Attachments' section shows a 'Drop files here' area with a 'Select files' button. Below this is a text input field labeled 'enter your comment'. At the bottom, there are three buttons: 'Submit' (highlighted with a red rectangular box), 'Save for Later', and 'Cancel'.

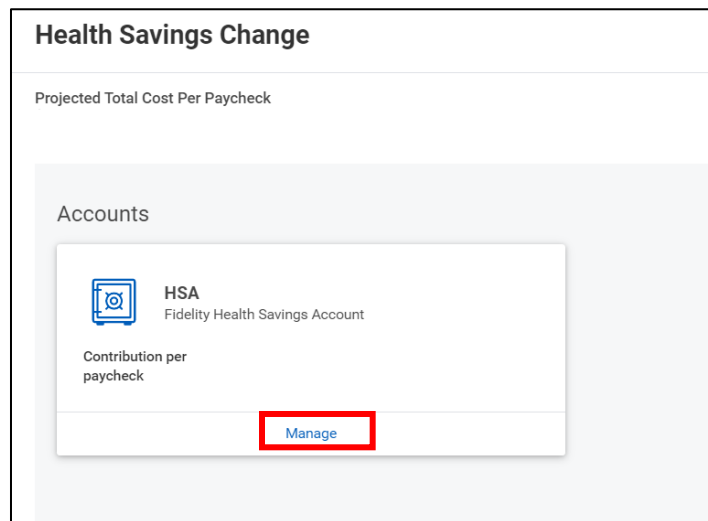
6. On the top right corner of your screen, you will see a notification in your Workday inbox, select the inbox icon



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**

HSA

Projected Total Cost Per Paycheck

Plans Available

Select a plan or Waive to opt out of HSA.

1 Item

*Selection	Benefit Plan Details	You Contribute (Semi-monthly)	Company Contribution (Semi-monthly)
☒ Select ☐ Waive	Fidelity Health Savings Account		

Confirm and Continue
Cancel

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. ****

HSA - Fidelity Health Savings Account

Projected Total Cost Per Paycheck
\$0.00

Contribute

Your estimated contributions made this year 85.00

Per Paycheck

0.00

Annual

0.00

Remaining Paychecks 23

Maximum Annual Amount: \$3,600.00

Summary

Total Annual HSA Contribution \$0.00

Save

Cancel

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

Accounts

REVIEWED



HSA
Fidelity Health Savings Account

Contribution per
paycheck

Manage

Review and Sign

Save for Later

- 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

I Accept ☐

Submit

Save for Later

Cancel

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