# **Benefits Management**

# **HSA Contribution Change**

## **Employee**

#### Role: Employee

#### Why would I do this?

You may refer to this guide to change your HSA contribution amount.

#### What do I need to know?

- This process is triggered by the Employee. No approval is required.
- HSA Contributions can be changed at any point in the year.
- The amount contributed up to the point of the change will not be lost and will be factored into the new calculation.
- HSA Contribution changes could take 1-2 paychecks to reflect on an individual's paycheck
- The IRS sets calendar year limits to how much an individual can contribute to their HSA. The limit in Workday is set to the annual IRS limit for your tier minus the seed money provided by the company, if applicable. If you participate in Benefits@Play, you will also need to take that company contribution amount into consideration. If you contribute the max, before earning in Benefits@Play you will forfeit your Benefits@Play earnings.

### **Change Benefits – HSA Contribution Change**

To change **HSA Contribution**, complete the following steps:

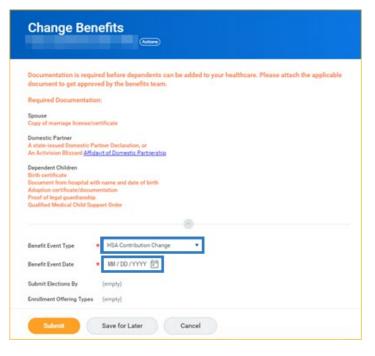
1. Log into <u>Workday</u> and click the **Benefits** worklet on the Workday homepage.



2. Select the **Benefits** option under **Change**. Once done, you will be redirected to the **Change Benefits** page.

Change		
	Benefits	
	Dependents	
	Beneficiaries	

3. Select **HSA Contribution Change** under the Benefit Event Type and select a **Benefit Event Date**. Click Submit.





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4. The process will have been started. Click on Open to change the HSA Contribution amount.

You have submitted Benefit Event:	on 05/14/2019 🛲	3
Up Next	Do Another	
Change Benefit Elections	Change Benefits	
Open		
Open		
> Details and Process		

5. Change the amount to be contributed for the year OR the amount contributed per paycheck. Workday will dynamically update the other field. Click Continue

			Total Empl	lovee Cost/Credit
Event Date 05/14/20	19			
nitiated On 05/09/20	19			
Submit Elections By 06/12/20	19			
The IRS Limit of \$7,000 for family noentive dollars, those earnings		d your contributions can be changed at any time during the year. pipiyer Seed deposit you will receive once you have an established account. In additi	on, if you participate in the Benefits@Play program	and receive
Health Savings Election 1 item				⊽⊡.
fealth Savings Election 1 item Benefit Plan	*Elect / Walve	Contribution Range (Annual)	Supporting Information	∃ ⊡ .
	"Elect / Waive	You number of remaining payrell deductions for the year 77 You estimated contributions make this year 2.250.00 Hence the provide the contribution for the total year 7,100.00 Hence much dar you want to contribute per paycheck (Benefit)?	Sugarting Information Maximum Contribution (Annual) 17.000.00	
Benefit Plan	O Elect	Your number of remaining payrol deductions for the year 17 Wour entransed contributions made this year 2350.00 Non-much day you want to contribute for the angle year 3,100.00 Non-much day you want to contribute pay payrolesk	Maximum Contribution (Annual)	₹ <b>П .</b>

6. Scroll down and click **I Agree** at the bottom of the form and click **Submit** on the Review screen

						Total Employe	e Net Cost/Credit
Worker							
Event Date 05/14/201							
Initiated On 05/00/201							
Submit Elections By 05/12/201							
contract. Elected Coverages 2 Items							
Benefit Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Dependents	Beneficiaries	Employee	Cost (Biweekly)
Medical - Collective Health CDHP Spouse/DP Surcharge	Working 09/01/2017	09/01/2017	EE + Spouse				
HSA - HealthEquity	05/19/2019	05/05/2019	\$5,650.00 Annual				
						Total	
4							
Waived Coverage Attachments	25						
			Drop files	hara			
			brop mes	- nore			
			01				
			Select fi	les			

7. Click Done on the Submit Elections Confirmation Page.

						Total Erro	loyee Cost/Credit
nitiated On 05/09/2019							
Submit Elections By 06/12/2019							
Event Date 05/14/2019							
(ou have auccessfully aubmitted your benefit	ts enrollment. Select Prin	t to launch a printable	version of this summary for your	recorda.			
Elected Coverages 2 items						E	≂ ılı 🗆
Benefit Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Dependents	Beneficiaries	Employee	Cost (Biweekly)
Medical - Collective Health CDHP Working	09/01/2017	09/01/2017	EE + Secuse				
Spouse/DP Surcharge	09/01/2017	04/01/2017	EE + Spouse				
HSA - HealthEquity	05/19/2019	05/05/2019	\$5,650.00 Annual				
						Total:	
4						1058.	
Waived Coverages 1 item							國王司
							ц Ш
Plan Type							
Medical FSA							
4							b.
Electronic Signature							
lectionic orginatore							
	PLAN COVERAGE						
TTESTATION FOR OTHER GROUP HEALTH F		t can only be available					
lue to various federal tax law requirements, a							
ATTESTATION FOR OTHER GROUP HEALTH F Due to various federal tax law requirements, a Kfordable Care Act (ACA). Note that health plans) is not considered to be "group health p	coverage obtained throug lan' coverage for purpose	as of ACA rules. Thus	, even if you have elected not to pa	rticipate in Activision Blizzard's medi	cal plans, you must agree by clickin	g the I Agree button below	v that you and if
Nue to various federal tax law requirements, a iffordable Care Act (ACA). Note that health	coverage obtained throug lan' coverage for purpose	as of ACA rules. Thus	, even if you have elected not to pa	rticipate in Activision Blizzard's medi	cal plans, you must agree by clickin	g the I Agree button below	v that you and if





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#### What happens after this?

• The enrollment elections will take effect in the next pay period and the new amount will be reflected in your paycheck.

#### **Additional Resources**

For more information, please visit: <u>https://hub.activisionblizzard.com/s/us-benefits</u>.

Please direct questions to: <u>benefits@activisionblizzard.com</u>

