

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[HR/Benefits Department Contact Name]
[Company Name]
[Company Address]
[City, State, Zip Code]

Dear [HR/Benefits Department Contact Name],
I am writing to formally request changes to my Health Savings Account (HSA) contributions. My details are as follows:

- Employee Name: [Your Name]
- Employee ID: [Your Employee ID]
- Current Contribution Amount: [Current Contribution Amount]
- Requested Contribution Amount: [New Contribution Amount]

I would like this change to take effect starting from [Effective Date].
Please let me know if you require any further information or documentation to process my request.

Thank you for your attention to this matter. I look forward to your confirmation.

Sincerely,
[Your Name]