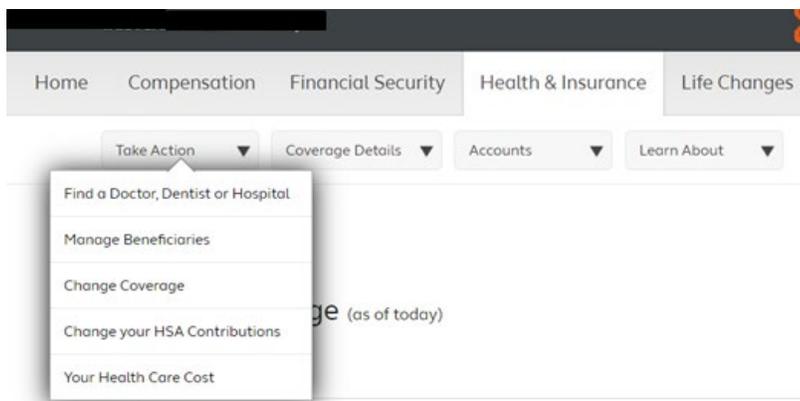
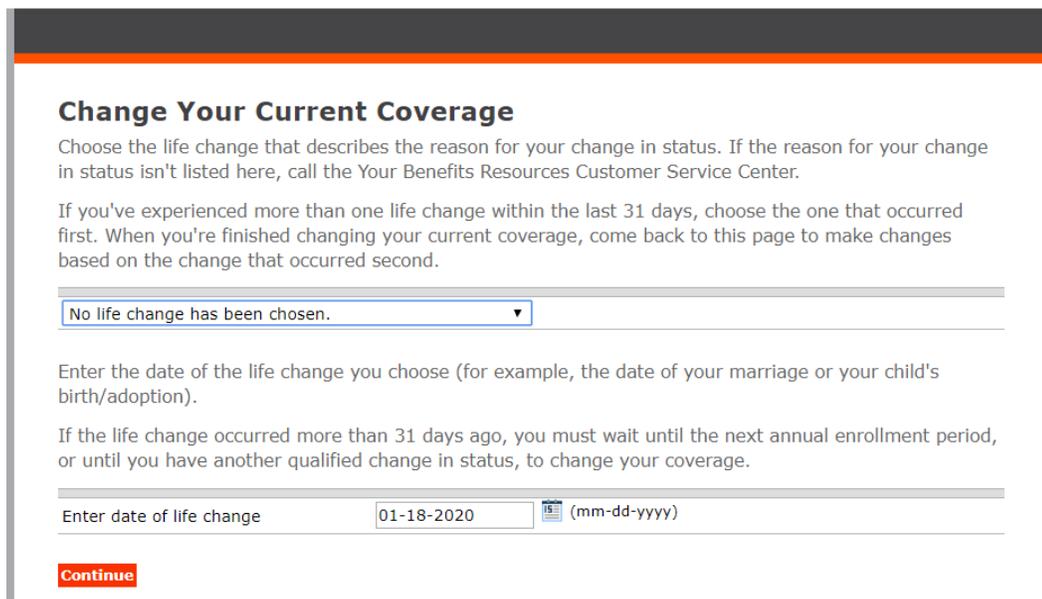


How to Change Your Health Savings Account Contributions

1. Login to mybmcrewards.com
2. Click on the **Health & Insurance** tab
3. Click on the **Take Action** drop-down menu
4. Select **Change your HSA Contributions**



5. Select **Change Your HSA Contributions** from the drop-down menu and enter the effective date.



Change Your Current Coverage

Choose the life change that describes the reason for your change in status. If the reason for your change in status isn't listed here, call the Your Benefits Resources Customer Service Center.

If you've experienced more than one life change within the last 31 days, choose the one that occurred first. When you're finished changing your current coverage, come back to this page to make changes based on the change that occurred second.

Enter the date of the life change you choose (for example, the date of your marriage or your child's birth/adoption).

If the life change occurred more than 31 days ago, you must wait until the next annual enrollment period, or until you have another qualified change in status, to change your coverage.

Enter date of life change (mm-dd-yyyy)

[Continue](#)

6. Click the “I agree” checkbox and click **Continue**

Print

Important Information

Your employer may require you to provide documentation regarding the date of your status change. Intentionally providing false information may be considered grounds for termination or other legal action.

Benefit plans must follow certain rules when administering status changes. Under your employer's plan provisions, you're permitted to change your coverage during the year only if you experience certain life changes as described in the [Plan Information](#), such as the birth of a child or marriage.

By completing this page, you certify that:

- You've read the life changes information in the summary plan description.
- The information you're about to provide is true and correct.
- You understand that any fraudulent statement, falsification, or material omission of information may subject you to discipline up to and including termination of employment.

I agree

Continue

7. Click on the **View/Change** button in the Health Savings Account row

Print

Enroll In Your Benefits

This is the coverage you'll receive, effective **01-18-2020**, if you don't make any changes. You can make changes, including declining coverage, by selecting **View/Change** below.

To complete your enrollment please scroll to the bottom of the page and click on the Complete Enrollment button. This must be done to save your elections.

[Current vs. New Coverage and Costs](#)

	Your Annual Cost	Your Pay Period Cost
Coverage effective 01-18-2020		
Medical	You can't change your Medical option. BCBS HSA You + Family	\$178.61
Health Savings Account	Employee Contribution - \$1,000.00/year Employer Contribution - \$1,000.00/year	\$41.66 Details

8. Enter your new contribution amount, select **YES** to agree with the HSA terms and conditions, and click **Continue**.

To accept and agree to the above affirmation, enter the annual amount you want to contribute.

Enter **0** if you don't want to contribute.

Employer Contribution	\$1,000.00	
Contribution Amount (\$240.00 - \$6,100.00)	\$ <input type="text" value="1,000.00"/>	Estimate how much to contribute
Add It Up		
Total Contribution	\$2,000.00	

I agree to the HSA's terms and conditions

- YES
- NO

Continue

9. Click on **Complete Enrollment**

	Your Annual Cost	Your Pay Period Cost	
 <p>Current vs. New Coverage and Costs Compare your current coverage and costs.</p>	Your Cost Summary		
	Your Cost	Pay Period Before-Tax	Pay Period After-Tax
		\$220.27	\$0.00

By completing this enrollment, you certify that:

- Any dependents covered under the plans or being added are indeed eligible as described [here](#).
- You'll provide proof of dependent eligibility, if requested.
- You'll immediately notify the Benefits Center if your dependent becomes ineligible for coverage.
- You understand that any fraudulent statement, falsification, or material omission of information may subject you to discipline, up to and including termination of employment.

You may want to print this page for your records. If you're unable to print this page, you may request a paper confirmation by calling the Your Benefits Resources Customer Service Center.

Complete Enrollment

Quit