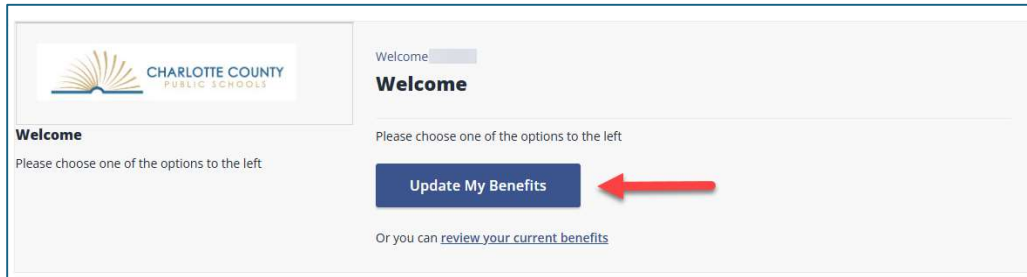


# CCPS HSA Enrollment/Change Process for Employees

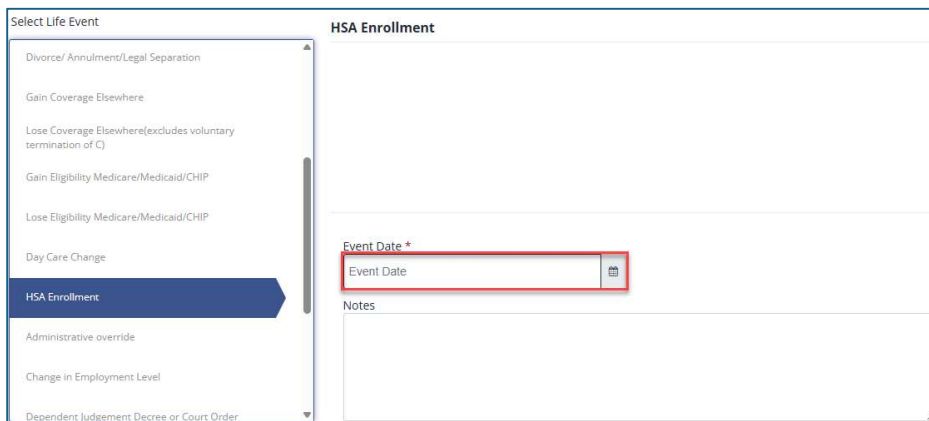
Use the instructions below to enroll in or make changes to your HSA contributions.

## Step 1: Add Life Event

- Within PlanSource, click on **Update your current benefits**



- Select the Life Event of **HSA Enrollment**. Enter the **Event Date** your contributions should be started or changed as of



- Select **Next** on the profile and family info pages

## Step 2: Change HSA Eligibility (if needed)

- You may need to change your HSA Eligibility survey. Select **Start Survey** or **View Summary** next to **HSA Eligibility**

Current Benefits Plan Year Effective from 01/01/2026 to 12/31/2026

### Medical

UMR HDHP 5750

View or Change

### Wellness Agreement

Generic Wellness Acknowledgement

View or Change

### HSA Eligibility

Status: Completed



View Summary

### Health Savings Account

UMR Health Savings Account w/ Board Contribution

View or Change

- Select **I meet all the HSA Eligibility Criteria** then select the orange right arrow and **Save**

 You have enrolled in a Qualified High Deductible Health Plan (HDHP), however in order to open or make contributions to an HSA, you must also meet ALL of the following criteria: ✔ Completed 

- You are Not covered under another medical plan that is not a Qualified HDHP, and
- You are Not enrolled in Medicare or Medicaid, and
- You are Not eligible to be claimed on another person's tax return, and
- You are Not covered under an Unlimited Medical FSA or HRA (including through a spouse's employer).

Please indicate if you meet all the criteria to be eligible for an HSA.

**Subscriber:** FT Test

I meet all the HSA Eligibility Criteria


I do NOT meet all the HSA Eligibility Criteria

### **Step 3: Change HSA Contribution**

- Select **View or Change** next to **Health Savings Account**

**Current Benefits** Plan Year Effective from 01/01/2026 to 12/31/2026


#### Medical

  HDHP 5750 [View or Change](#)

#### HSA Eligibility

 **Status:** Completed **Dates:** Last Updated 03/04/2026 [View Summary](#)

#### Health Savings Account

  [Health Savings Account w/ Board Contribution](#) **\$1.39**  
Per Pay Period [View or Change](#)

- Enter either your desired **Annual** or **Per Pay Period amount** and then **Update Cart**  
**Health Savings Account: Health Savings Account w/ Board Contribution**

[← TO BENEFITS](#)

Select Coverage Level

Enrolled

Select Coverage Amount

**i** Your final contribution amount may be adjusted slightly due to rounding requirements.

Annual
  Per Pay Period

Maximum Contribution Limits  
 Annual: \$5,400.00 | Per Pay Period: \$111.11

Note: All changes in amounts/premiums shown here are based on YTD contribution and remaining pay period estimates. Your administrator may update these estimates when accepting your changes, which may cause the amounts/premiums to be adjusted.

Annual Personal Contribution:  [↑ Maximize My Contribution](#)  
Minimum \$0.00 | Maximum \$4,050.00

Employer Annual Contribution:   
Includes One-Time and Per Pay Period contributions  
 Minimum \$1,350.00 | Maximum \$1,350.00

Total Annual Contribution:   
Includes Personal and Employer contributions

[Stop Contributions](#)

Please note: Your election amount has changed due to calculation and rounding based on the amount you elected.



**UMR**  
 Health Savings Account w/ Board Contribution

**\$111.11**  
 Per Pay Period

**Update Cart**

- Select **Review and Checkout** at the bottom of the page to complete your enrollment

Once you complete your initial election in PlanSource, Optum will contact you requesting that you upload additional documents directly on their website to verify your identity and open your account. You must complete this within 75 days or you will need to start the process over. Please upload the documents online at <https://memberforms.optum.com/HSAEnroll.html>. To simplify the process, you may take pictures of the documents and upload them using your mobile device.\* This site uses HTTPS encryption to ensure all sensitive data you submit is private and secure.

**Alternatively, you may send copies to Optum Bank:**

**By mail:**

Optum Bank  
 P.O. Box 30777  
 Salt Lake City, UT  
 84130-0516

**By email:**

[HSAforms@optum.com](mailto:HSAforms@optum.com)

**By fax:**

1-800-765-6766

**Questions?**

Call Optum at 1-800-791-9361  
 Monday-Friday, 8 a.m. to 8 p.m. ET.