

Changing Your Elected Health Savings Account (HSA) Payroll Contribution Amount

****Please Note: Any changes made to your elected HSA Payroll contribution amount will take effect on the 1st day of the following month****

FOR ASSISTANCE WITH THIS PROCESS PLEASE CONTACT THE CATERPILLAR BENEFITS CENTER AT ALIGHT AT 1-877-228-4010 or CatBenefitsCenter.com

Upoint Single Sign On Instructions:

Step 1: Go to benefits.cat.com

Step 2: Click on (Sign in with your CWS ID)

FIND IT FAST CONTACTS & WEBSITES

[Benefit Vendor Contacts Sheet](#)

[Digital wallet card](#) - view benefit vendor contact information on your mobile device

Caterpillar Benefits Center

1-877-228-4010
Outside of U.S. 1-718-354-1345
(Hearing impaired: Contact your local relay service first for help connecting to the Caterpillar Benefits Center)

[UPoint: CatBenefitsCenter.com](https://CatBenefitsCenter.com)
(or sign in with your CWS ID)

UnitedHealthcare (Medical and Flexible)

A red arrow points from the sign-in link to the text in Step 2.

Making the Contribution changes in Upoint

Step 1: Click on the Health & Insurance drop down

Step 2: Select Change Coverage

Health & Insurance ^ Savings & Retirement v Life Changes v Financial Health

[Health & Insurance Summary](#) ->

Take Action

[Change Coverage](#)

Coverage Details

[Your Current Coverage](#)

Medical Benefits

Dental Benefits

Learn About

Retirement

Forms and Materials

Other Sites

A red arrow points from the 'Change Coverage' link to the text in Step 2.

Step 3: Life Change Type, Select HSA Contribution Change – You MUST select, I Agree. Click Continue.

Change Your Current Coverage


All fields are required unless indicated as optional.

If you've had more than one life change within a 31-day period, change your coverage to reflect each change in the order it occurred. When you're finished changing your current coverage, come back to this page to make changes based on the change that occurred second.


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.

Choose the reason for your change in status. If the reason for your change in status isn't listed here, call the Caterpillar Benefits Center at 1-877-228-4010 (Between 8:00 a.m. and 6:00 p.m. Central time, Monday through Friday).

Life Change Type

HSA Contribution Change 

Provide the Date of Your Life Change

January 7 2022 

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 [Summary Plan Description](#), such as the birth of a child or marriage.

By choosing Continue, you certify that:

- You've read the life change 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](#) [Cancel](#)

Step 4: From Your Benefits Summary – Choose View/Change to the right of the Health Savings Account

Your Benefits Summary

View, Compare, or Change Your Benefits

You can make changes, including declining coverage, by selecting **View/Change** below. Verify your new coverage details, then choose **Confirm Choices** to complete your request.

	Benefits Before Coverage Change		New Benefits Coverage effective Feb 1, 2022		Pay Period Annual
Medical	UHC Consumer Choice - Cat Ntwrk Member Only	Your Pay Period Cost \$24.46	UHC Consumer Choice - Cat Ntwrk Member Only	Your Pay Period Cost \$24.46	
Health Savings Account	Total Contribution \$3,600.00/Year	Your Pay Period Cost \$126.92	Total Contribution \$3,600.00/Year	Your Pay Period Cost \$126.92	View/Change
	Contribution Details		I authorize my information to be passed to HealthEquity - Yes I confirm I am eligible to establish HSA with HealthEquity - Yes		
	Contribution Details		Contribution Details		

Step 5: From the Health Savings Account page, eligibility may be reviewed under the first blue link titled Click here to see the requirements. Both questions on this page must be answered with a Yes to authorize your information to be sent to Health Equity and to establish your HSA account.

To change your employee contribution, change the amount in the box to the right of Your Contribution. It will provide you with the per pay period amount below this. Select Continue to make the change.

[Return to Benefits Summary](#)

Health Savings Account

Your current HSA contribution is \$3,300.00.

Establish your Health Savings Account Eligibility

Since you enrolled in a High Deductible Health Plan, you have the opportunity to establish an HSA, make contributions to that account and receive Caterpillar contributions to that account provided you meet the HSA eligibility requirements.

To establish an HSA with HealthEquity and to receive Caterpillar contributions you must confirm the following:

- I meet the HSA eligibility requirements. [Click here to see the requirements.](#)
- I wish to establish an HSA with HealthEquity as custodian.
- I agree to be bound by the terms and conditions governing my HSA. (Understand the terms and conditions are available to me anytime at [www.healthequity.com/caterpillar](#))
- I understand that if I am determined to be ineligible subsequent to enrollment (e.g., because I became enrolled in Medicare), I will no longer be eligible for HSA contributions.
- I authorize my information to be passed to HealthEquity, and those acting on behalf of either party, to exchange information (including my enrollment information, information needed to open my HSA and my account number) in connection with the establishment and maintenance of my HSA. [Click here for more information that applies to this authorization.](#)

I authorize my information to be passed to HealthEquity

- Yes
 No

I confirm I am eligible to establish HSA with HealthEquity

- Yes
 No

Choose a Contribution Amount

If you are Active or on Active payroll and wish to contribute through payroll deduction, enter the contribution amount below. You can enter either a pay period or annual HSA contribution amount by toggling between Pay Period and Annual. Your annual contribution amount will be divided by your remaining pay periods in the plan year, withheld from your paycheck pre-tax, and routed to your HSA account at HealthEquity.

NOTE: You may change your Health Savings Account contribution any time during the plan year. Mid-year contribution changes will not be effective until the first day of the following month. The pay period amount shown on this screen may be slightly different than the amount you see on your paycheck stub since the new contribution amount is withheld. Maximum HSA contributions are set by the IRS. It is your responsibility to ensure that your total contributions for the year do not exceed IRS limits. Consult your tax advisor for more information.

Beginning Feb 1, 2022

Your Contribution	\$ 3,300.00
Enter 0 if you don't want to contribute.	(02 00 - 10,100.00)
	Pay Period Cost \$128.92
Employer Contribution	\$300.00
Total Annual Contribution	\$3,600.00

PER THE USA PATRIOT ACT: To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. When you open the account, HealthEquity will ask for your name, street address, date of birth and other information that will allow us to identify you. HealthEquity may also ask to see your driver's license or other identifying documents.

NOTE: Under certain circumstances, your allowable maximum HSA contribution may be lower than the amounts listed above (e.g., if you are contributing to another HSA, or in certain situations, if your spouse is eligible for an HSA through his or her employer). For more information about the amount that you may be eligible to contribute via check or payroll deduction, please call HealthEquity Customer Service at 1-844-811-8712.

Please also note, HSA contributions are employed and collected on a pre-tax basis. Federal law exempts HSA contributions from federal taxes; however, some states do not exempt HSA contributions from state taxes. Please consult your tax advisor with any questions.

[Continue](#)

HSA Videos



Considering an HSA? Smart! [View](#) 2:08 min

3 Things You Need to Know About HSAs [View](#) 2:34 min

Other Resources

[Key Points About Health Savings Accounts](#)

[What's the Difference Between a Health Savings Account and a Health Care Spending Account?](#)