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

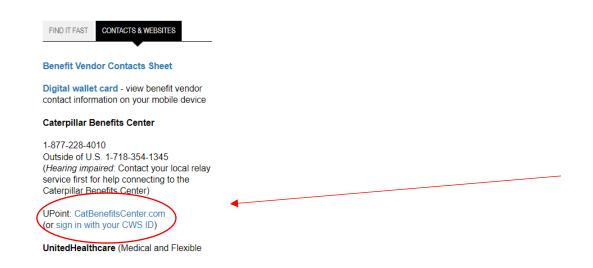
\*\*Please Note: Any changes made to your elected HSA Payroll contribution amount will take effect on the 1st day of the following month\*\*\*

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

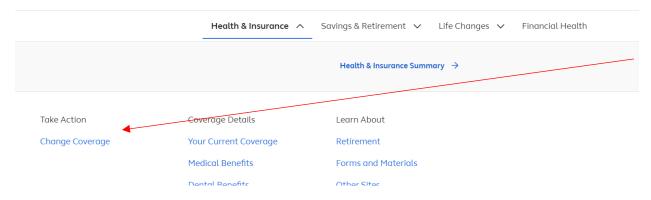
Step 2: Click on (Sign in with your CWS ID)



## Making the Contribution changes in Upoint

Step 1: Click on the Health & Insurance drop down

**Step 2:** Select Change Coverage

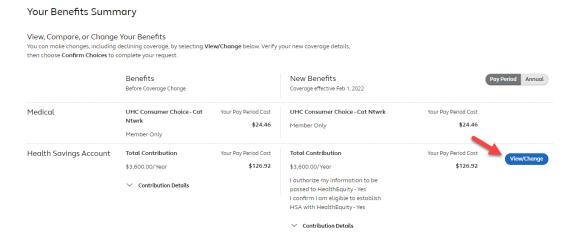


Step 3: Life Change Type, Select HSA Contribution Change – You MUST select, I Agree. Click Continue.

## 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 V 7 V 2022 V | | 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. • 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

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



**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.

Continue

Cancel

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.

