

2026 Payroll Deduction Form for HSA Contribution

Use this form to set your payroll contribution amount for your Health Savings Account (HSA).

Please complete the following:

FIRST NAME	M.I.	LAST NAME

Your Health Savings Account (HSA) is your personal financial asset, even if you change employers or health plans. Contributions are made pre-tax through payroll deductions.

The IRS maximum for combined employee/employer HSA contributions in 2026 is \$4,400 (individual) and \$8,750 (family). Those 55+ may add a \$1,000 catch-up contribution. Refer to IRS guidelines at
<https://www.irs.gov/publications/p969>

Please indicate the type of contribution you wish to make:

New Recurring Contribution

I would like to begin contributing the following amount to my HSA through pre-tax payroll deductions:

\$ _____ per plan year or \$ _____ per pay period.

Change Recurring Contribution

I would like to change my recurring contributions to my HSA to the following amount through pre-tax payroll deductions:

\$ _____ per plan year or \$ _____ per pay period.

By signing below, I authorize my employer to adjust my payroll deductions as indicated above. I acknowledge:

- My contributions will be deducted pre-tax on a per-pay-period basis unless I make changes.
- All contributions must comply with federal regulations.
- Paycheck dates may differ from the dates funds are deposited and available for use.
- I am responsible for monitoring paycheck deductions to confirm changes are applied.
- I certify that I am eligible to make HSA contributions and understand my employer will rely on this certification for tax withholding and reporting.

NAME (PRINT)	EMPLOYEE #
SIGNATURE	DATE

*This form must be sent to Finance no later than the **Friday prior to a payroll week**. If you have any questions, please contact Mark at **ext. 3617** or **847-810-3617**.*