



2026 Payroll Deduction Form for HSA Contributions

Use this form to indicate the amount of your payroll contributions to be placed into your Health Savings Account (HSA). You can only participate in an HSA if you are currently enrolled in a high deductible health insurance plan.

Please complete the following:

FIRST NAME (print only please)	M.I.	LAST NAME (print only please)	LAST 4 OF S.S.

Your Health Savings Account belongs to you and is your financial asset even if you change employers or health plans. Your contributions to the HSA will be made pre-tax through payroll deductions.

2026 Maximum Contribution Limit	Under 55	55 and over
Individual Coverage	\$4,400.00	\$5,400.00
Family Coverage	\$8,750.00	\$9,750.00

Yearly amounts will be spread over all pays remaining in the calendar year.

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.

I understand the elected amount will be deducted from my pay unless I make changes.

☐ **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.

I understand the elected amount will be deducted from my pay unless I make changes.

☐ **One-Time Contribution Change**

I would like to make a one-time contribution to my HSA for the following amount through pre-tax payroll deductions:

\$ _____ as a one-time contribution **AND** revert back to \$ _____

Eligibility and contribution limits to your health savings account (HSA) are determined by the effective date of your high-deductible health plan (HDHP). If you're covered as of December 1, you're considered an eligible individual for the entire year and you're not required to pro-rate your contributions. If you cease to be an eligible individual during the next calendar year, any funding over the prorated amount is considered an excess contribution and subject to a penalty and income tax. For further information or to review eligibility, please contact HealthEquity Member Services at 866.346.5800.

Print Name _____

Payroll Effective Date: _____

Signature _____

Signature Date: _____