



Health Savings Account Contribution Form 2026

Account Owner's Name & Address		Submit Forms To
Last Name	First Name MI	<p>Human Resources Employee Benefits MC 264</p>
Street Address		
City	State Zip	
Social Security Number	Daytime Phone	Account Coverage <input type="checkbox"/> Single <input type="checkbox"/> Employee + Dependents

Employee HSA Contributions
I authorize to deduct from my paycheck the following amount for contributions to my Health Savings Account to begin on _____. This authorization will continue in effect until a timely termination is submitted by me.
<input type="checkbox"/> Please deduct the following amount per payroll period Single Maximum: \$4,400.00* \$ _____ Family Maximum: \$8,750.00 * \$ _____
<input type="checkbox"/> Please deduct the following amount in ____ lump sums. Single Maximum: \$4,400.00 * \$ _____ Family Maximum: \$8,750.00 * \$ _____

*If you are 55 or older you are allowed to add an additional \$1,000.00 as a catch up contribution to your HSA.

Employee Signature

Date