

## Health Savings Account Contribution Form 2026

Account Owner's Name & Address		Submit Forms To
Last Name	First Name      MI	Human Resources  Employee Benefits MC 264
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 <div style="display: flex; justify-content: space-between;"> <span>Single Maximum: \$4,400.00 *</span> <span>\$ _____</span> </div> <div style="display: flex; justify-content: space-between;"> <span>Family Maximum: \$8,750.00 *</span> <span></span> </div>
<input type="checkbox"/> Please deduct the following amount in _____ lump sums. <div style="display: flex; justify-content: space-between;"> <span>Single Maximum: \$4,400.00 *</span> <span>\$ _____</span> </div> <div style="display: flex; justify-content: space-between;"> <span>Family Maximum: \$8,750.00 *</span> <span></span> </div>

\*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