



Payroll Deduction

This is to change your contribution amount in your HSA account. Fill out the information and return to your employer for processing. Visit hsabank.com to access your account online.

Your Name (Last, First)		Phone Number	
Mailing Address	City	State	Zip
Date of Birth	Email Address		

Health Savings Account (HSA) Per Pay Period # of Pay Periods Annual Election
 \$ _____ x _____ =\$ _____

2026 HSA IRS Limits

	 SINGLE PLAN	 FAMILY PLAN
Maximum Contribution Limit	\$4,400	\$8,750
Minimum Deductible	\$1,700	\$3,400
Maximum Out-of-Pocket	\$8,500	\$17,000
Catch-up Contribution (55+)	\$1,000	\$1,000

AUTHORIZATION & ACKNOWLEDGEMENT

The annual maximum is the applicable statutory maximum for my High-Deductible Health Plan (HDHP) coverage type (i.e., single or family). The IRS may adjust this amount each year. Contributions are prorated based on the number of pay periods you will be covered under an HDHP. An exception to this rule allows participants with an HSA who are covered on December 1 to contribute the entire amount for the year. Your HSA contribution election can be changed prospectively, for any reason in accordance with the administrative provisions set forth by Human Resources.

By electing HSA benefits, I am certifying that I meet the requirements under Internal Revenue Code § 223 to be eligible to contribute to an HSA. I understand that:

- I must be covered by an IRS qualified HDHP to contribute to an HSA.
- I may not be claimed as a dependent on another individual's income tax return.
- I may not be covered by other medical coverage, including Medicare or my spouse's traditional medical Flexible Spending Account.
- HSA benefits cannot be elected in addition to healthcare Flexible Spending Account reimbursements unless a Limited Purpose FSA option is available.
- For more information about HSA eligibility requirements, see IRS Publication 969.

Employee Signature _____ Date _____