

2026

HEALTH SAVINGS ACCOUNT EMPLOYEE CONTRIBUTION FORM

Part I: Health Savings Account Contribution

IRS maximums for total annual contribution must not exceed: **\$4,400** Employee only | **\$8,750** Employee+/Family

| | ANNUAL CONTRIBUTION | PER PAY PERIOD |
|---------------------------|---------------------|----------------|
| EMPLOYEE ONLY | | |
| Employer Contribution | \$ | \$ |
| Employee Contribution | \$ | \$ |
| Total* | \$ | \$ |
| EMPLOYEE+ / FAMILY | | |
| Employer Contribution | \$ | \$ |
| Employee Contribution | \$ | \$ |
| Total* | \$ | \$ |

Employer contribution will be paid in a lump sum.

Exception to the above maximums:

Employees age 55 and over may make an additional annual catch-up contribution of up to \$ 1,000. Catch up contributions may also be made pre-tax on a per-pay basis if desired; to calculate the per-pay amount for catch up contribution:

$$\begin{array}{c}
 \$ \\
 \text{Desired Annual Catch-Up}
 \end{array}
 \div
 \begin{array}{c}
 \\
 \text{Number of Pay Periods}
 \end{array}
 =
 \begin{array}{c}
 \$ \\
 \text{Additional Per-Pay Period Catch-Up Contribution} \\
 \text{(if electing)}
 \end{array}$$

Part II: Employee's Total HSA Contribution Election

Employee Name: _____

SSN or Employee ID#: _____ Effective Date: _____

$$\begin{array}{c}
 \$ \\
 \text{Total Annual Employee Contribution*}
 \end{array}
 \div
 \begin{array}{c}
 \\
 \text{Number of Pay Periods}
 \end{array}
 =
 \begin{array}{c}
 \$ \\
 \text{Total Employee Per Pay Period Contribution*}
 \end{array}$$

My signature below indicates my authorization to my Employer to deduct the above per-pay HSA contribution from my paycheck:

Employee Signature _____ Date _____

Return This Form To _____ By _____

*Includes catch up contribution, if amount was entered above.