



Employee Authorization for Payroll Deduction to Health Savings Account

This form is for employees who want to have money withheld from their paychecks and deposited into their health savings account (HSA) on a pre-tax basis. You must be enrolled in a consumer-directed health plan (CDHP) with an HSA before you can start a payroll deduction.

I wish to: <input type="checkbox"/> Begin a deduction. <input type="checkbox"/> Change my deduction. <input type="checkbox"/> Stop my deduction. Effective date: _____			
Section 1: Employee Information			
Name (<i>Last, First, Middle Initial</i>)		Social Security Number or Employee ID	
Email Address		Phone Number	
Section 2: Calculate Your Maximum HSA Contribution			
<i>Use the worksheet below to determine the maximum you can contribute to your HSA in 2025.</i>			
Individual HSA		Family HSA	
A	Maximum amount that can be put in your HSA for 2026: \$4,400.00	A	Maximum amount that can be put in your HSA for 2026: \$8,750.00
B	Are you age 55 or older? If NO, write \$0. If YES, write \$1,000. \$ _____	B	Are you age 55 or older? If NO, write \$0. If YES, write \$1,000. \$ _____
C	A + B \$ _____ This is the most you can contribute in 2026.	C	A + B \$ _____ This is the most you can contribute in 2026.
D	Number of paychecks remaining in 2026. _____	D	Number of paychecks remaining in 2026. _____
E	C ÷ D \$ _____ This is the most you can contribute per paycheck.	E	C ÷ D \$ _____ This is the most you can contribute per paycheck.
Amount you elect to contribute to your HSA per paycheck (can be any amount up to or less than E): \$ _____		Amount you elect to contribute to your HSA per paycheck (can be any amount up to or less than E): \$ _____	
Section 3: Employee's Signature Required			
By signing this form, I am requesting that payroll deductions be started or changed as shown in Section 3 above and agree to the preceding terms. I understand there are maximum limits I can contribute to my HSA per IRS rules and I may be liable for tax penalties if I exceed this amount.			
This request replaces any previous payroll deduction requests for my HSA.			
Employee's Signature		Date	