EMPLOYEE H.S.A PAYROLL DEDUCTION FORM

TEACHER

HEALTH EQUITY

2026

Employee Name: _____

Employer Contribution Information 2024/25	
Single	$1,700/$2,000
2 person	$3,400/$4,000
Family	$3,400/$4,000

2025 Annual H.S.A. Contribution limits	
*Combined limit employee + employer	
Single	$4,300
2 person	$8,550
Family	$8,500

2026 Annual H.S.A. Contribution limits	
*Combined limit employee + employer	
Single	$4,400
2 person	$8,750
Family	$8,750

Annual amount to withhold: _____

Per paycheck (26 pays) _____
Calendar year 2026

Please mark one: _____Pre-tax _____Post tax

Signature below authorizes Addison Community Schools to withhold the amount listed above from my biweekly payroll and apply to my H.S.A. account at Health Equity.

Employee Signature: _____

Date: _____