EMPLOYEE HEALTH SAVINS ACCOUNT
PAYROLL DEDUCTION FORM
TEACHER
HEALTH EQUITY
2027

Employee Name: _____

Employer H.S.A Contribution Information 2027	
Single	$1,750/$2,000
2 person	$3,500/$4,000
Family	$3,500/$4,000

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

2027 Annual H.S.A. Contribution limits	
*Combined limit employee + employer	
Single	$4,500
2 person	$9,000
Family	$9,000

Annual amount to withhold: _____

Per paycheck (26 pays) _____
Calendar year 2026

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: _____