EMPLOYEE H.S.A PAYROLL DEDUCTION FORM

HEALTH EQUITY

2025

Employee Name: _____

Employer Contribution Information 2024/25	
Single	$1,650/$2,000
2 person	$3,300/$4,000
Family	$3,300/$4,000

2024 Annual H.S.A. Contribution limits	
*Combined limit employee + employer	
Single	$4,150
2 person	$8,300
Family	$8,300

2025 Annual H.S.A. Contribution limits

*Combined limit employee + employer	
Single	$4,300
2 person	$8,550
Family	$8,550

Annual amount to withhold: _____

Per paycheck (26 pays) _____
Calendar year 2025

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: _____