

EMPLOYEE HEALTH SAVINGS ACCOUNT
PAYROLL DEDUCTION FORM
TEACHER
HEALTH EQUITY
2026

Employee Name: _____

Employer H.S.A Contribution Information 2026

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: _____