Health Savings Account (HSA) Payroll Deduction Form

Section A: Personal Information

Employer Name

First Name | Last Name

Last 4 digits of SSN or Employee ID

Email | Phone

Section B: Calculating Your Maximum HSA Contribution

Use this section to determine how much you can contribute

	Maximum allowed contribution for 2025*		Are you age 55 or older? *If NO, write $0 If YES, write $1,000*		How much your employer will contribute for the year		Total annual amount you can contribute
Individual	$4,300.00	+	_____	–	_____	=	_____
Family	$8,550.00	+	_____	–	_____	=	_____

**The IRS has established annual limits that can be contributed to a Health Savings Account.*

NOTE: If you have previously contributed to an HSA via payroll deduction or directly to your account during the current plan year, you should track your annual contributions to ensure you do not exceed the annual maximum allowed.

Section C: HSA Payroll Contribution Election

	Per Pay Period Amount		Number of Pay Periods		Annual Election Amount
☐ Self-Only					
☐ Family	$_____	X	_____	=	$_____

Section D: Employee Authorization

I authorize the deduction from my salary on a per paycheck basis, by the amount designated in Section C as a pre-tax contribution to my Health Savings Account (HSA). I understand funds that are deducted from my pay and not used for eligible health care expenses incurred after my HSA account was established will be taxable in accordance with IRS regulations, and it is solely my responsibility to report these funds to the IRS.

Employee Signature _____ Date ____ / ____ / ____