



# LOYALSOCK TOWNSHIP SCHOOL DISTRICT

## Employee Health Savings Account (HSA)

### Contribution Authorization / Change Form

#### Employee Information

Name: \_\_\_\_\_ Employee SS (last 4 digits): \_\_\_\_\_  
(please print)

#### Election Type (select one)

- New Election
- Change to Existing Contribution
- Cancel Contributions

If changing or canceling, effective date: \_\_\_\_\_

#### Contribution Election

- I elect to contribute the following amount to my Health Savings Account (HSA) on a bi-weekly basis (24 pays per year): \$ \_\_\_\_\_
- I do NOT wish to contribute at this time

#### IRS Contribution Limits for 2026 (January 1, 2026 – December 31, 2026)

- Self-only coverage: \$4,400
- Family coverage: \$8,750
- Catch-up contribution (age 55+): Additional \$1,000

NOTE: The total employee + employer contributions must not exceed the applicable IRS annual limit.

#### Acknowledgment

I understand that:

- My total HSA contributions cannot exceed IRS limits
- Payroll contributions are made on a pre-tax basis
- Employer contributions will be reported on my Form W-2 (Box 12, Code W)

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

#### Employer / HR Use Only

Employer Contribution Amount: \$ \_\_\_\_\_

Approved By: \_\_\_\_\_ Effective Payroll Date: \_\_\_\_\_