



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

Effective payroll 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: _____