

# Employee Health Savings Account Payroll Deduction Authorization Form

Use this form to withhold money from your semi-monthly paycheck and deposit it into your Anthem health savings account (HSA) on a pre-tax basis. **You must be enrolled in High Deductible Health Plan (HDHP) before you can start a payroll deduction.**

I wish to: ☐ Begin a deduction ☐ Stop my deduction

Effective date \_\_\_\_\_

## Section 1: Employee Information

Name (Last, First, Middle initial)	Employee ID Number
Phone	E-mail

## Section 2: Calculate Your Maximum HSA Contribution

Use the worksheet below to determine how much you can contribute to your HSA in 2026.

Individual			Family		
<b>A</b>	Maximum contribution in your HSA for 2026:		<b>A</b>	Maximum contribution in your HSA for 2026:	
<b>B</b>	Are you age 55 or older? If NO, write \$0. If YES, write \$1,000.		<b>B</b>	Are you age 55 or older? If NO, write \$0. If YES, write \$1,000.	
<b>C</b>	How much your employer will contribute in 2026*:		<b>C</b>	How much your employer will contribute in 2026*:	
<b>D</b>	A + B - C = <small>This is the most you can contribute in 2026.</small>		<b>D</b>	A + B - C = <small>This is the most you can contribute in 2026.</small>	

\*Individual will receive \$500/yr and Family will receive \$1,000/yr if you are an active employee enrolled all 12 months. Please check with your insurance representative if you have questions.

## Section 3: Calculate Your Per-paycheck HSA Contribution

Continue the worksheet to determine how much you will contribute to your HSA per paycheck.

Individual			Family		
Total from D			Total from D		
<b>E</b>	Number of paychecks you will receive in 2026 (24 or 12):		<b>E</b>	Number of paychecks you will receive in 2026 (24 or 12):	
<b>F</b>	D ÷ E = This is the most you can contribute per paycheck.		<b>F</b>	D ÷ E = This is the most you can contribute per paycheck.	
Amount you elect to contribute to your HSA per paycheck (can be any amount up to or less than F):			Amount you elect to contribute to your HSA per paycheck (can be any amount up to or less than F):		

If your contributions exceed the amount in box D, you risk paying IRS tax penalties.

## Section 4: Employee's Signature Required

By signing this form, I am requesting that payroll deductions be started or changed as shown in Section 3 above and agree to the preceding terms. I understand there are maximum limits I can contribute to my HSA per IRS rules and I may be liable for tax penalties if I exceed this amount.

Employee's signature

Date

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