2026 Employee HSA Contribution Change Form

First: _____ MI:___ Last:_____

Social Security Number: _____

Please check where your Health Savings Account is held.

☐ Health Equity

☐ CRBT/CBT – Please provide account number: _____

☐ GBank – Please provide account number: _____

My New Per Pay Period HSA Contribution

$

My New Annual HSA Contribution Amount

$

Effective Date: _____

Signature _____ Date _____

Individual Plan: *Federal Maximum $4,400. (*employer will match up to $500 of the employee's contribution)
Family Plan: *Federal Maximum $8,750 (*employer will match up to $500 of the employee's contribution)
*Note: If you leave employment the employer contribution will be taken for the entire month. If you leave employment you will receive the full employer contribution for that month. The annual catch-up contribution limit (for HSA-eligible individuals who are age 55 or older), set by statute, remains at $1,000 for 2026.
You may also be eligible to participate in a limited flexible spending account for dental and vision only. The 2026 Healthcare FSA maximum is $3,400.

For HR use only

$_____ 2026 Employer Contributions YTD

$_____ 2026 New Employer Contribution Per Pay Period

(Employer Contribution equals employee's new per pay period HSA contribution up to $500.00 annually.)

$_____ 2026 Employee Contributions YTD