

KILLINGLY PUBLIC SCHOOLS

79 Westfield Ave • P.O. Box 210 • Killingly, Connecticut 06239-0210
860-779-6600 • FAX 860-779-3798

2026 Employee HSA Pre-Tax Contribution Form

Full Employee Name Printed: _____ Last 4 of SS# XXX-XX-_____

I hereby authorize KILLINGLY PUBLIC SCHOOLS to deduct \$_____ (amount) **per pay period** for my HSA EMPLOYEE PRE-TAX CONTRIBUTION.

_____(initial) - I am age 55 or older and hereby elect the \$1,000 additional catch-up. I understand that my maximum contribution will be \$5,400 for Single and \$9,750 for Couple/Family.

(Signature)

(Date)

**Employee deductions are processed bi-weekly throughout payroll
schedule, whether over 10 or 12 months**

Federal Maximum contributions for 2026 are:

Single: \$4,400

Couple/Family: \$8,750

Additional catch-up for age 55 or older \$1,000

The above limits apply to the combination of the BOE contribution **and** your voluntary contribution.

PLEASE DISCONTINUE MY PAYROLL DEDUCTION AUTHORIZATION

I wish to discontinue my payroll authorization. I understand my current HSA deduction will be discontinued with the first payroll following receipt of this authorization.

(Signature)

(Date)