Payroll Notified

Import:

Employee Authorization for Payroll Deductions to Health Savings Account

Payroll Group:

I Wish To:

☐ **Begin a deduction** ☐ **Change my deduction** ☐ **Stop my deduction** ☐ **One Time Contribution- How Many Hours:**

☐ **Change Financial Institution**

***Please note: One-time HSA contributions do not reset annual goal amounts. Employees are responsible for updating their annual contributions to avoid interruption of future payroll deductions.**

Section 1: Employee Information

Name	Email Address
Mailing Address	Phone Number
City/State/Zip Code	

Section 2: Calculate your Per-Paycheck Contribution

The most the IRS will allow deposited into your HSA per year (employer + employee) contributio Limits for 2026	**Family HSA $8,750.00**	**Single HSA $4,400**
Employee's Contribution per Paycheck:		
Number of Paychecks remaining for this year:		
Annual Contribution:		
Effective Date (Payroll Date):		

Note: You risk paying IRS tax penalties if you exceed the allowed annual contribution. Be sure to consider any amounts you have already contributed if this is a mid-year change.

*If you are age 55 or older, you can make an additional "catchup" annual contribution of $1,000. For example, if you are age 55 or older, the single annual maximum contribution would be $5400 and family would be $9750. (Remember to factor the employer contribution)

Section 3: Financial Institution and Election Amount

Financial Institution: ☐ **EBC** ☐ **OTHER** _____	**Contributing to this HSA is completely voluntary and I am solely responsible for determining whether my contribution is in compliance with IRS regulations.**
Address:	
Account No: ☐ ON FILE	
Bank Routing No:	

Section 4: Employee's Signature

By signing this form, I am requesting that payroll deduction be started or changed. I certify that I have examined this agreement and agree to comply with the terms and conditions of the Plan. I agree to hold Dodge County harmless from any liability to my participation in this plan.

New Hires: I acknowledge that failure to submit this form to HR within 30 days of hire will result in forfeiture of the Dodge County HSA contributions until the form is completed and submitted to Human Resources. Employer contributions will begin with the next payroll processed.

Employee Signature:_____ Date:_____