



OFFICE USE ONLY

Region V ☐

Further ☐

## HEALTH SAVINGS ACCOUNT CONTRIBUTION FORM

### Personal Information

First Name (Legal): \_\_\_\_\_

Last Name (Legal): \_\_\_\_\_

Middle Initial: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Contributions

How much would you like to contribute to your HSA each pay check?

\$

#### **2025 IRS HSA Limits**

Contribution Limit	
Single	\$4,300
Family	\$8,550

#### **2026 IRS HSA Limits (Projected)**

Contribution Limit	
Single	\$4,400
Family	\$8,750

*If you are age 55 or older, you can contribute an additional catch-up contribution of \$1,000 per year.*

I understand that it is my responsibility (1) to determine whether I am eligible to make contributions to my HSA, and (2) to determine whether contributions to this HSA have exceeded the applicable maximum annual contribution limit.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_