



Illinois Eastern Community Colleges

HEALTH SAVINGS ACCOUNT
PAYROLL DEDUCTION FORM - 2026

Use this form to authorize deductions from your paycheck to be automatically contributed to your Health Savings Account. After completing, make a copy for your records and submit the original to Human Resources. If you have any questions about this form, please contact Human Resources.

Employee Name	
Generated ID Number	
Email Address	

_____ **Establish Payroll Deduction for First Time** (Indicate amount below)

_____ **Change Payroll Deduction Amount – Effective** _____ (Indicate amount below)

_____ **Stop Payroll Deduction – Effective** _____

PAYROLL DEDUCTION AMOUNT

I request the following dollar amount be deducted from my pay **each payroll period**.

\$ _____ Per Paycheck

<u>2026 HSA Contribution Limits</u>	<u>Under Age 55</u>	<u>Over Age 55</u>
Single coverage	\$4,400	\$5,400
Family coverage (Includes Child(ren) and/or Spouse coverage)	\$8,750	\$9,750

I understand the eligibility requirements for the HSA deposit and affirm I qualify to make the deposit.

I assume complete responsibility for:

- 1. Determining that I am eligible for an HSA when I make a contribution;**
- 2. Insuring that all contributions I make are within the limits set forth by the tax laws; and**
- 3. The tax consequences of any contribution (including rollover or transfer contributions) and distributions.**

Note: It is always recommended to consult your tax advisor with any HSA-related questions.

Employee Signature (HSA Owner)

Date

Received by IECC HR Department

Date

===== **For HR Use Only** =====

_____ Copy sent to Payroll

_____ Update Employee Navigator