



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

2026 HSA Contribution Limits	Under Age 55	Over Age 55
Single coverage	\$4,400	\$5,400
Family coverage (Includes Chid(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