2026 EMPLOYEE AUTHORIZATION FOR PAYROLL DEDUCTION TO AMERICAN FIDELITY HEALTH SAVINGS ACCOUNT (HSA)

Use this form to initiate or make changes to your payroll deduction for contributions to your health savings account (HSA). You must be enrolled in BSSP's consumer-directed and HSA-eligible health plans before you can start a payroll deduction. Money you elect to be withheld from your paycheck will be deposited into your HSA account by your employer. You may not make any deferrals to an unreimbursed medical account when making deferrals to an HSA.

◉ Begin New Deduction	○ Change Deduction	○ Stop Deduction	Effective Date: _____ *Note that the payroll office will confirm the exact effective date.*

1. Employee Information

Name: _____
(Last, First, Middle initial)
Mailing Address _____
City/State/Zip_____

SSN or Employee ID _____
Daytime Phone Number: _____

2. **Calculate Your Per-Paycheck Contribution to HSA**	**Family**	**Self-Only**
a. IRS maximum contribution allowed (*employer + employee*)*	$8,750	$4,400
b. Your employer's annual contribution		
c. Your total eligible additional annual contribution for 2026 *(a-b)*		
d. Your contributions previously made in 2026		
e. Your remaining available annual contribution *(c-d)*		
f. Number of pay periods left in the year		
g. Your per-paycheck contribution *(e÷f)*		

**If you are age 55 or older the IRS allows a "catch-up" provision of $1,000 for the year.*

3. Declare the Amount to Deduct per Paycheck to Contribute to Your HSA

I elect to contribute $_____ (cannot exceed amount in line 2.g., above) per pay period. This deduction request replaces any previous payroll deduction requests for HSA.

4. Employee's Signature – Required

Submit this form to the Payroll/Benefits office for processing. To activate employee HSA payroll deductions, you must:

- Be enrolled one of BSSP's HSA-eligible medical plans.
- Have opened a Health Savings Account with American Fidelity.

By signing this form, I am requesting that payroll deduction be established or modified as indicated in section 3 above and agree to the preceding terms. I understand there are maximum limits I can contribute to my HSA per IRS rules and I may be liable for tax penalties if I exceed this amount.

_____ _____
Employee's Signature **Date**

Return this form to the Payroll department. Keep a copy for your records.