



## Health Savings Account (H.S.A.)

### 2026 Employee Contribution Change Form



This form is only for employees currently enrolled in the High Deductible Plan with H.S.A. for plan year 2026 that would like to make a change to their H.S.A. contribution after January 1, 2026. An employee may start a H.S.A election, stop the election or increase/ decrease their current per pay period election. Changes are allowed once monthly. Change forms must be submitted by the 15<sup>th</sup> of the month, allowing the change to be effective the 1<sup>st</sup> day of the next month.

#### Employee Information:

Employee Name: \_\_\_\_\_ SS# \_\_\_\_\_ DOB: \_\_\_\_\_

Phone# \_\_\_\_\_ Employee# \_\_\_\_\_ Email: \_\_\_\_\_

#### 1. Contribution Information: Plan Year 2026

The IRS has strict guidelines on who is eligible to contribute to a Health Savings Account (HSA). For the employee to contribute or receive employer contributions they;

1. Must be 18 years of age or older. Are you 18 years of age? YES  NO
2. Must not be covered under any health plan that is not a qualified High Deductible Health Plan (HDHP). If you have other coverage is it a HDHP plan? YES  NO
3. Must not be enrolled in Medicare. Are you currently enrolled in medicare? YES  NO
4. May not be claimed as a dependent on another individual's tax return. Can you be claimed as a dependant on another individuals tax return (other than your spouse) YES  NO

It is the employee's responsibility to contact the Benefits Department to stop their Employee and Employer H.S.A contributions in the event any of these apply changing their eligibility.

The IRS places a limit on the maximum amount that can be contributed to H.S.A. accounts. If over the age of 55, an employee may make an additional catch up deduction of up to \$1,000 annually. Please keep in mind, any employer contribution made from Williamson County will also count as part of your individual or family maximums.

#### Maximum annual contribution limits as mandated by the IRS for 2026 :

Under Age 55:	Over Age 55:
Employee Only HDHP.....\$4,400	Employee Only HDHP.....\$5,400
Employee+1/Family HDHP....\$8,750	Employee+1/Family HDHP.....\$9,750

#### Maximum Employer contributions for 2026:

Employee Only	\$ 500
Employee+1/Family	\$1000

#### 2. Make your Health Savings Account election:

I elect to start contributions in the amount of \$ \_\_\_\_\_ annually to my Health Savings Account for the remainder of 2026.

The annual amount you contribute will be divided over the remaining pay periods in 2026. The Benefits Department will calculate the pay period amount based on the annual contribution you indicate above and the number of payrolls remaining for the calendar year.

I elect to stop contributions to my Health Savings Account for the remainder of 2026.

If you are stopping contributions due to non-eligibility specify reason \_\_\_\_\_.

I elect to increase my current Health Savings Account per pay period deduction. My current Health Savings Account deduction is \$ \_\_\_\_\_ and I wish to increase it to \$ \_\_\_\_\_.

I elect to decrease my current Health Savings Account per pay period deduction. My current Health Savings Account deduction is \$ \_\_\_\_\_ and I wish to decrease it to \$ \_\_\_\_\_.

I decline to make a contribution into my Health Savings Account at this time.

Return completed form to the Williamson County Benefits Department. If you have questions regarding your H.S.A. please contact Joy Heimermann at (615)595-1268 or by email at [joy.heimermann@williamsoncounty-tn.gov](mailto:joy.heimermann@williamsoncounty-tn.gov) or [joy.heimermann@wcs.edu](mailto:joy.heimermann@wcs.edu)

By signing below, I authorize WCG/BOE to withhold my contribution for this plan from my pay on a pre-tax basis. I agree to all terms and conditions of continued enrollment in the Williamson County Health Savings Account, as such exist on the date of my enrollment, and as such may change from time to time, with or without notice to me. I further represent and warrant that all information given by me is accurate, current and complete to the best of my knowledge. I agree to allow the Williamson County Benefits Department to have the appropriate deductions taken from my paycheck according to my above enrollment elections. \*Your contributions, tax savings and future values may vary based on multiple factors, including income and regulatory changes. No part of the Williamson County Benefits Department, including materials on our website, provides or is intended to provide tax or investment advice. You should consult a professional tax advisor to determine what is appropriate for your personal situation.

Employee signature \_\_\_\_\_ Date: \_\_\_\_\_