

Health Savings Account (HSA) Request Form

Note: As the employee you are responsible to setup your own HSA bank account prior to submitting this request to HR/Accounting. Reach out with questions. hr@scswiderski.com

This benefit can be used with Anthem - Option 1B and Option 1C only.

- [HSA Request Form](#)

HSA Request Form

[Health Savings Accounts \(HSA\) 2025 Form](#)

- [Click Here!](#)

Please print this document from self-service portal on Paylocity under Benefits, or reach out to Human Resources. Thank you

Health Savings Account (HSA)
Payroll Deduction Contribution Form
2026

Employee Name: _____

Date of Birth: _____ Phone Number: _____

Medical Plan Coverage:

- Single Employee/Spouse
 Family Employee/Family

*Per IRS guidelines, the annual maximum employee contribution for 2026 is
\$4,400.00 for Single and \$8,750.00 for Family.*

*Contribution Exception – If you are 55 years of age or older, you are allowed, per IRS regulations, to add an
additional \$1,000.00 annually as a catch-up contribution to your HSA.*

- I meet the above requirement and would like to take advantage of the \$1,000.00 annual catch-up contribution.

****Important****

Employees are responsible for ensuring contributions are not exceeded and should pay particular attention to where their spouse has a separate HSA they contribute to (to avoid exceeding the family cap) and where they have made contributions to another HSA other than through S.C. Swiderski, LLC's payroll.

As an employee you must set up an HSA approved bank account. This is not the same as your personal bank accounts (checking/savings). This step must be completed prior to submitting this form.

These deductions will be made per payroll, with 26 deductions per calendar year:

Per Paycheck Deduction \$ _____ Annual Deduction \$ _____

Paycheck Deduction Start Date: ____/____/____

Routing Number: _____ Account Number: _____

Please note: Any changes to the company payroll schedule will change the number of deductions for the year. HR will notify you of any changes.

****Attach a voided check to this form to ensure accuracy of account information****

Please review the Health Savings Account Employee Guide for eligibility guidelines. If you are a new employee or for open enrollment, please contact the Human Resources Manager or Payroll Administrator to determine the appropriate amount to deduct from each payroll to obtain the desired annual deduction.

I authorize S.C. Swiderski Management Company, Inc. to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my account indicated above and to other accounts I identify in the future. I authorize the financial institution holding the Account to post all such entries. I agree that the ACH transactions authorized herein shall comply with all applicable U.S. Law. This authorization will be in effect until the Company receives a written termination notice from myself and has a reasonable opportunity to act on it.

Authorized Signature: _____

Printed Name: _____ Date: _____