Health Savings Account (HSA)
Employee Contribution Form
Effective Date: _____

First Name _____ Last Name _____ MI _____ Emp Number _____

Department _____ Phone Number _____ Personal E-mail Address _____

The 2026 IRS Annual Maximium Contribution Limits Are:

Self-Only $4,400 / Family $8,750 which **includes** employer contributions

Employees age 55 and over may contribute an additional $1,000 as "catch-up contributions".

Contribution Amount (must indicate amount, even if $0)

Twice-monthly contribution amount: _____

Monthly contribution amount: _____

The above contribution amount will continue to be deducted until Marion County Employee Benefits has been notified of a change or the IRS annual maximum has been reached.

Employees enrolled in any other health insurance plan, **including Medicaid (OHP), Tricare, and Medicare**, that are not also high deductible health plans (HDHP), **are not eligible to participate in an HSA and can face IRS penalties if they do so**. Employer contributions also cannot be made on the employee's behalf.

By signing this form:
I authorize Marion County to withhold on a pre-tax basis from my gross wages the amount indicated above for the purpose of contributing to my Health Savings Account.
I attest that I do not have other non-HDHP coverage and that I am eligible to participate in the HSA.

Forms received before payroll cutoff will be processed within the current payroll, unless otherwise indicated on this form. Forms received after payroll cutoff will be processed on the following payroll.

I am enrolled in the high deductible health plan, but decline to enroll in the HSA (uncommon): ☐

Employee Signature _____ Emp. Number _____ Date _____

Return Completed Form to Marion County Employee Benefits: MCEmployeeBenefits@co.marion.or.us