

Belding Area Schools

Health Equity HSA Payroll Deduction Form

Plan Year – January 1, 2025 thru December 31, 2025

2025 Annual HSA Contribution Maximums	
Coverage Type	Total Annual Maximum Contribution*
Self-Only	\$4,300
2 Person or Full Family	\$8,550

*Catch-up contribution (age 55+): additional \$1,000/year

Eligibility and contribution limits to your health savings account (HSA) are determined by the effective date of your high deductible health plan. If you change from a qualifying high deductible plan to a non-qualifying low deductible plan, your HSA deductions will terminate.

For further information, please contact Health Equity Member Services at 866.346.5800.

Below is an optional chart to help you calculate the amount you would like withheld.

Total Elected Amount	Divided by	Number of pay periods	=	Amount to Withhold Per Pay (write this amount below)
	/		=	

Please complete this section *and* return it to Central Office:

Employee's Name: _____

Please withhold \$_____ from my bi-weekly payroll and apply the funds to my Health Equity HSA. I understand this amount will continue unless I complete a new form or change to a non-qualifying low deductible plan.

Employee's Signature: _____ Date: _____