

2026 HSA Contribution Election / Change Form

Employee Name _____ Employee# _____

I would like to contribute \$ _____ **biweekly** (pre-tax) to my Health Savings Account. I realize I can contribute a maximum of \$4,400 yearly, for a single plan and \$8,750 yearly, for a family plan (Emp/Child(ren), Emp/Spouse and Family). I understand if I am age 55 or older, that I can contribute an additional \$1,000 (catch up) per year.

Please specify effective date of change _____.

If you are electing a Health Savings Account (HSA) for the first time, you must create an account with Voya. Please reach out to benefits@boydcat.com to request the HSA Enrollment form.

*NOTE: This is an individual bank account and you are responsible for setting up your account. If you do not set up your account, you will not be able to make contributions.

I have enrolled in Medicare and understand that I am ineligible to contribute to my Health Savings Account. Please stop my contributions on: _____. (**Please enter Medicare effective date**)

Employee Signature

Date

Return the completed form to benefits@boydcat.com

You are NOT eligible to contribute to an HSA if you are enrolled in the PPO plan or enrolled in Medicare.