



City of Elmhurst Health Savings Account (HSA) Employee Contribution Election Form 2026

For eligible employees enrolled in the Blue Cross/Blue Shield high deductible health savings account plan, please complete the form below.

_____ Yes, I wish to contribute to my Health Equity Health Savings Account by Payroll Deduction.
_____ No, I elect not to contribute to my Health Equity Health Savings Account by Payroll Deduction.

If yes, I elect a Health Savings Account contribution of \$_____ per pay period. The contribution amount will be deducted from my paycheck for 24 pay periods if elected January 1, and may be changed any time during the year. If I including a "catch-up" contribution, my age in 2026 is _____. If I am changing my contribution midyear, I want my new deduction to start on this date _____.

Check the coverage level you are eligible for: _____ Single _____ Family

Contributions	Employee Only	Family
City of Elmhurst will contribute	\$1,700	\$3,400
You can contribute up to an additional	\$2,700	\$5,350
Maximum IRS Annual HSA Contributions 2026	\$4,400	\$8,750
Catch-Up Contribution (Age 55+)	Additional \$1,000	

Note: Health Savings Account plan participants may also elect to participate in a "Limited" Flexible Spending Account that may only be used for eligible vision and dental expenses (as defined under Code Section 223(c)). If you have both accounts, reimbursement for vision and dental expenses are to be paid under the Flexible Spending Account *before* payment from the Health Savings Account.

Payroll Deduction Authorization

My employer and I agree that my taxable income will be reduced by the amount set forth in this agreement. Note that total Health Equity Health Savings Account contributions, including any contributions to my Health Equity Health Savings Account made by City of Elmhurst, may not exceed the annual contribution maximum allowed by law. The Health Equity Health Savings Account may only be opened by those enrolled in the BCBSIL High Deductible HSA Plan.

Print Name

Department

Signature

Date Signed