



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

First Name Last Name MI Emp Number

Department Phone Number Personal E-mail Address

The 2027 IRS Annual Maximum Contribution Limits Are:

Self-Only \$4,500 / Family \$9,000 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