



OFFICE OF HUMAN RESOURCES

To make pre-tax contributions to your Health Savings Account (HSA), please complete and return your signed salary reduction authorizing Utica University to deduct the amount indicated below.

2026 HSA VOLUNTARY SALARY REDUCTION FORM

Name: (Please Print)

Date:

Effective Date:

- ☐ I would like to **START** contributing \$_____ each pay period from my paycheck to deposit into my Health Savings Account as written above.
- ☐ I would like to **CHANGE** my current Health Savings Account contribution from \$_____ per pay period to \$_____ per pay period.
- ☐ I would like to **CANCEL** my current Health Savings Account contribution of \$_____ per pay period until further notice.

- The 2026 IRS limit for an Individual Account is \$2,960 (\$4,400 IRS limit - \$1,440 Utica contribution).
- The 2026 IRS limit for a Family Account is \$5,870 (\$8,750 IRS limit - \$2,880 Utica contribution).
- If age 55 or older, a catch-up contribution may be made up to, but not exceeding, \$1000.

Your ability to contribute the maximum amount to your HSA account may depend on your enrollment date and age. Please see [IRS publication 969](#) for complete health savings account contribution rules or consult a tax advisor.

By my signature below, I certify that I have enrolled in an HSA-compatible health plan and that I am not covered under any other plan that would disqualify me from opening or contributing to an HSA. I authorize Utica University to initiate payroll deductions and adjusting entries thereto, from my paycheck and to deposit the value of such payroll deduction to the health savings bank account I maintain in connection with the HSA program.

Signature: _____ **Date:** _____

Please return to:
Utica University
Office of Human Resources
1600 Burrstone Road
Utica, NY 13502
hr@utica.edu