



Health Equity H.S.A. Payroll Deduction Form Guide

*** For July 1, 2026 H.S.A. Entry ***

Instructions: This document provides general assistance for completing the Health Equity H.S.A. Payroll Deduction Form.

"Return Completed Forms To" section:

- You do not need to fill out this section.
- You will return your completed form to Merion HR at mlaw@merionresidential.com.

"Annual Employer Contribution Information" section:

Level of Coverage	H.S.A. - Company Provided Funding
Employee only	\$750 / annual (\$62.50 per month)
Employee + Dependent(s)	\$1,500 / annual (\$125 per month)

- The H.S.A. is calendar year based.
- The employer will make H.S.A. contributions monthly.
- Employee-only enrollees: \$750 per year / 12 months = \$62.50 per month.
- Employee + dependents enrollees: \$1,500 per year / 12 months = \$125.00 per month.

"H.S.A. Contribution Limits & Contribution Calculator" section:

- The H.S.A. is calendar year based.
- There are 26 payroll dates in 2026.
- There are 13 payroll dates between pay date 7/10/26 and 12/31/26.

Example #1/Employee A–

Employee A will enroll in the H.S.A. at the self-only (or employee only) level of coverage and they want to contribute the maximum amount in 2026 (\$4,400).

- \$4,400 maximum H.S.A. contribution (2026)
- \$375 employer contributions (Period: 7/1/26 – 12/31/26; \$62.50 per month x 6 months = \$375)

= \$4,025.

- There are 13 payroll dates between pay date 7/10/26 and 12/31/26.
- \$4,025 / 13 payroll dates = \$309.62 biweekly.
- **Employee A will contribute \$309.62 biweekly to their H.S.A.**

Example #2/Employee B –

Employee B will enroll in the H.S.A. at the family (or employee + dependents) level of coverage and they want to contribute the maximum amount in 2026 (\$8,750).

- \$8,750 maximum H.S.A. contribution (2026)
- \$750 employer contributions (Period: 7/1/26 – 12/31/26; \$125.00 per month x 6 months = \$750)

= \$8,000.

- There are 13 payroll dates between pay date 7/10/26 and 12/31/26.
- \$8,000 / 13 payroll dates = \$615.38 biweekly.
- **Employee B will contribute \$615.38 biweekly to their H.S.A.**

“Employee Information & Authorization” section:

- Add your name, the last 4 digits of your social security number, and then sign and date the form.
- In the “*Please withhold \$ _____*” section of the form, list your biweekly contribution amount to your H.S.A.

***** Return your completed Employee H.S.A. Payroll Deduction form to Merion HR at mlaw@merionresidential.com. *****