



**Health Savings Account (HSA)
Payroll Deduction Authorization Form- Mott MacDonald Group**

Employee Name	Date	Employee ID
E-mail	Division	Location

Every year, the Internal Revenue Service (IRS) sets maximum contribution limits for Health Savings Accounts (HSAs). Failure to observe these limits may result in individual tax penalties. The company is not responsible should you contribute excess funds to your HSA. The company and Health Equity (HSA administrator) are both required to report HSA contribution information to the IRS annually.

HDHP Enrollment Level	IRS Maximum Annual Deposit Limit 2026 to HSA
If Enrolled as Single	\$4,400
If Enrolled with 1 or more Dependents	\$8,750

Note: If you are age 55 or older, you may be eligible to contribute an additional \$1,000 per calendar year into your H.S.A. You may wish to contact the IRS or your tax advisor for additional guidance.

Employer Contribution: Mott MacDonald's \$500 employer contribution (prorated for new hires based on eligible months remaining in the year) counts towards your IRS Maximum Annual Deposit Limit.

I elect to make a contribution of \$_____ Per pay period
 One Time Deduction

I affirm that I:

- Am enrolled in the Cigna Open Access Plus High Deductible Health Plan
- Am not covered on any other health plan, including FSA for Health Care
- Am eligible to open and contribute to a Health Savings Account per IRS rules

I hereby request and authorize and authorize the company to deduct from my pay and the above-identified deduction and to forward it to my health savings account. I understand it is my responsibility to manage my contributions in accordance with federal guidelines based on my eligibility as well as my dependents. I understand that I may terminate this authorization by completing this form and submitting it to the Human Resource Department ten days prior to the new payroll cycle. I also understand that using my HSA funds for expenses other than those deemed qualified may subject me to tax penalties. I understand that I must open and fund my HSA before any expense is deemed qualified and reimbursable from my HSA.

Employee Signature:

Date:

Internal Payroll Dept. Use Only

Review Date:

Reviewed By: