

Human Resources

**2026 NAU HEALTH CARE SAVINGS ACCOUNT (HSA)
EMPLOYEE CONTRIBUTION AMOUNT CHANGE FORM**

Name: _____ Employee ID: _____

Employees enrolled in the NAU BCBSAZ High Deductible Health Care Plan (HDHP) may contribute to a Health Care Savings Account (HSA) with Health Equity. A change to the employee's contribution amount can be made anytime during the year. This change will be applied to the earliest pay period after receipt of this form.

2026 IRS MAXIMUM ANNUAL CONTRIBUTIONS

The IRS limits the amount that can be contributed to an HSA annually. The following count toward you annual IRS maximum:

- Both your contributions and NAU's contributions.
- Contributions you make directly to your HSA through Health Equity.
- Contributions made to an HSA account at another employer.

	Employee Only	Employee + Adult	Employee + Child	Employee + Family
2025 IRS annual maximum	\$4,400	\$8,750	\$8,750	\$8,750
Amount NAU will contribute annually	<u>\$820</u>	<u>\$1,640</u>	<u>\$1,640</u>	<u>\$1,640</u>
Amount employee can contribute	\$3,580	\$7,110	\$7,110	\$7,110

CHANGE TO ANNUAL CONTRIBUTION AMOUNT

I elect to change the annual amount contributed to my HSA to: _____

SIGNATURE

I am currently enrolled in the NAU High Deductible Health Plan and I hereby elect to contribute the amount indicated to my Health Care Savings Account. I am responsible for assuring my contributions are not more than the annual IRS maximums indicated above and understand that this change will be applied to the earliest pay period after receipt of the form.

Signature: _____ Date: _____

RETURN COMPLETED FORM TO HUMAN RESOURCES**Email:** nauhrbenefits@nau.edu**Mail:** NAU Attn: Benefits, PO BOX 4113, Flagstaff AZ 86011-4113**Fax:** 928-523-2220