HCA | Health Care Authority
Public Employees Benefits Board

2027 PEBB Employee Authorization for Payroll Deduction to Health Savings Account

Clear form

Use this form to have your employer withhold money from your paychecks and deposit it into your health savings account (HSA) on a pretax basis.

Check with your payroll or benefits office before submitting this form; not all employers can arrange for payroll deductions. You must be enrolled in a consumer-directed health plan (CDHP) with an HSA before you can start a payroll deduction. For general information about HSAs, go to **learn.healthequity.com/pebb**. For information about eligibility for PEBB Program benefits or for information about setting up a payroll deduction, talk to your payroll or benefits office.

Download and save this form first. Do not complete it in a web browser.

I want to:

- ☐ Begin a deduction
- ☐ Change my deduction
- ☐ Stop my deduction

Effective date: (Your payroll or benefits office can confirm the effective date.)

1 Subscriber information

Social Security number (or employee ID for higher education)

Work phone number

Last name

First name

Middle initial

Suffix

Mailing address

Mailing address line 2

City

State

ZIP/Postal code

Employer

Payroll or benefits office use

Employee's annual contribution

Number of paychecks remaining for 2027

Employee's contribution per paycheck

2 Maximum HSA contribution

Complete this section to calculate how much you can put in your individual or family HSA in 2027.

Individual HSA		Family HSA	
A. Maximum HSA contribution allowed for 2027:	$ 4,500.00	A. Maximum HSA contribution allowed for 2027:	$ 9,000.00
B. Are you age 55 or older? If **no**, write $0. If **yes**, write $1,000.	$	B. Are you age 55 or older? If **no**, write $0. If **yes**, write $1,000.	$
C. Amount your employer will put in your HSA in 2027:	$ 700.08	C. Amount your employer will put in your HSA in 2027:	$ 1,400.04
D. Will you qualify for the SmartHealth wellness incentive in January 2027? If **no**, write $0. If **yes**, write $125.	$	D. Will you qualify for the SmartHealth wellness incentive in January 2027? If **no**, write $0. If **yes**, write $125.	$
E. **A + B - C - D =**	$ 3,799.92	E. **A + B - C - D =**	$ 7,599.96
This is the most you can contribute in 2027.		This is the most you can contribute in 2027.	

⚠ If your contributions are more than the amount in E, you risk paying IRS tax penalties. If you are making a mid-year change to increase your contribution amount, be sure to include any amounts you have already contributed in 2027.

3 HSA contribution per paycheck

Complete this section to calculate how much you will put in your individual or family HSA per paycheck.

Individual HSA		Family HSA	
Total from E (above):	$ 3,799.92	Total from E (above):	$ 7,599.96
F. Number of paychecks you will get in 2027		F. Number of paychecks you will get in 2027	
G. **E ÷ F =**	$	G. **E ÷ F =**	$
This is the most you can contribute per paycheck.		This is the most you can contribute per paycheck.	
Amount you elect to contribute to your HSA per paycheck (any amount less than or equal to the amount in G):	$	**Amount you elect to contribute to your HSA per paycheck** (any amount less than or equal to the amount in G):	$

4 Employee signature

By signing this form, I am requesting that payroll deductions start or change as shown in Section 3 and agree to the preceding terms. I understand there are maximum limits for how much I can contribute to my HSA per IRS rules, and I may be liable for tax penalties if I exceed this amount.

This request replaces any previous payroll deduction requests for my HSA.

Employee signature

Date

HCA is committed to providing equal access to our services. If you need an accommodation, or require documents in another format or language, please contact the following. **Employees**: Contact your payroll or benefits office.

HCA's Privacy Notice: HCA will keep your information private except as allowed by law. To see our Privacy Notice, visit the HCA website at **hca.wa.gov**.