



**TOWN OF BURLINGTON**  
*Treasurer & Collector's Office*

**2026 HARVARD PILGRIM HSA PAYROLL DEDUCTION FORM**

IN 2026, THE TOWN OF BURLINGTON WILL CONTRIBUTE \$1,800 INDIVIDUAL PLAN / \$3,600 FAMILY PLAN ANNUALLY INTO THE HSA ACCOUNT. THIS WILL PAY OUT ON A QUARTERLY BASIS.

I AUTHORIZE THE TOWN OF BURLINGTON TO DEDUCT \_\_\_\_\_ OVER \_\_\_\_\_ WEEKS/PAYS TO DEPOSIT INTO MY HEALTH SAVINGS ACCOUNT.

THE 2026 TOTAL LIMIT THAT CAN BE CONTRIBUTED INTO AN HSA IN 2026 IS \$4,400 INDIVIDUAL/ \$8,750 FAMILY WHICH INCLUDES THE TOWN OF BURLINGTON CONTRIBUTION. EMPLOYEES OVER THE AGE OF 55 CAN CONTRIBUTE AN ADDITIONAL \$1,000 OVER THESE AMOUNTS.

I UNDERSTAND THAT BECAUSE I HAVE A HEALTH SAVINGS ACCOUNT, I AM NOT ABLE TO HAVE A FLEX SPENDING ACCOUNT.

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EMPLOYEE SIGNATURE

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EMPLOYEE PRINTED NAME

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DATE