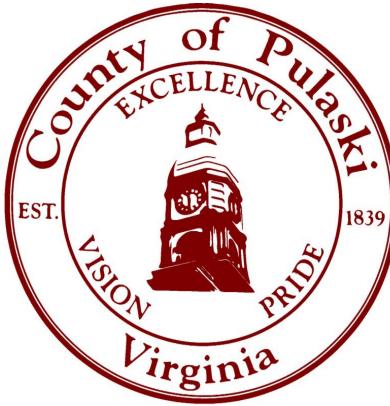


**Human Resources**  
143 Third Street, NW, Suite 1  
Pulaski, VA 24301  
540-994-2406  
540-994-2431  
[tichols@pulaskicounty.org](mailto:tichols@pulaskicounty.org)  
[www.pulaskicounty.org](http://www.pulaskicounty.org)



**Pulaski County Is...  
Valued Employees**

**ANTHEM HIGH DEDUCTIBLE HEALTH PLAN  
HEALTH EQUITY HEALTH SAVINGS ACCOUNT (HSA)  
SALARY ADJUSTMENT AFFIDAVIT**  
**JANUARY 1, 2026 TO DECEMBER 31, 2026**

---

PHONE

NAME (Please Print)

E-MAIL ADDRESS

---

MAILING ADDRESS (including city, state, and zip code)

**2026 HSA Contribution Limits**

Individual - \$4,400

Family - \$8,750

Ages 55 or older catch up provision:

Extra \$1,000 per year

**Contributions by Pulaski Co**

**January 2026**

Individual - \$1,380

Family - \$2,755

**Difference Remaining  
that employee may  
Contribute**

\$3,020

\$5,995

**January 2026 Health Insurance Deductibles:**

Individual - \$1,700

Family - \$3,400

As an employee of Pulaski County, I hereby elect to participate in my employer's Health Savings Plan. I authorize my employer to reduce my gross compensation each **SEMI-MONTHLY** pay period by the amount listed below.

	Per Pay Period	Annual Election
HEALTH SAVINGS ACCOUNT CONTRIBUTION		

I hereby certify that I have read this Salary Adjustment Affidavit and request the aforementioned deduction to be taken from my paycheck until otherwise stated.

---

DATE

EMPLOYEE SIGNATURE

**Please be sure to notify Health Equity if you have a change of address**