GDBarri
& Associates, Inc.

6860 W. Peoria Avenue, Peoria, AZ 85345
PHONE (623) 773-0410
FAX (623) 773-2924

To: G D BARRI Corporate Payroll Dept.

From –

Employee Name: _____

Home Address: _____

Contribution deduction for my HSA account **per check** in the amount of:$_____

2026 Contribution Limits

Family: $8750

Single: $4400

_____
(PRINT YOUR NAME HERE)

_____ _____
(SIGN YOUR NAME HERE) (DATE)