

## 27J Schools Employee HSA Payroll Deduction Form

In addition to the Health Savings Account (HSA) funds that you will receive from 27J Schools as a benefit, you may elect to have additional pre-tax dollars deposited into your HSA account up to the annual IRS maximum. Use this form to calculate and authorize an additional monthly payroll deduction. **Submit to the payroll team by the 12<sup>th</sup> of the month.**

Employee Information - Required	
Name (First / Last):	Employee Number:
I wish to: <input type="checkbox"/> Begin a HSA deduction <input type="checkbox"/> Change my HSA deduction <input type="checkbox"/> Stop my HSA deduction	

HSA Worksheet- Use this tool to determine the maximum amount allowed for current year			
There are: (A) _____ pay period(s) remaining in current year (total of 12 pay periods each year).			
Single		Family (more than 1 person)	
IRS maximum annual limit:	(B) \$ _____	IRS maximum annual limit:	(B) \$ _____
Are you age 55 or older? If NO, write \$0 If YES, write \$1,000	(C) \$ _____	Are you age 55 or older? If NO, write \$0 If YES, write \$1,000	(C) \$ _____
District 27J <b>future</b> contributions:  \$ _____ x (A) _____ = Monthly            # Pay periods left in current yr	(D) \$ _____	District 27J <b>future</b> contributions:  \$ _____ x (A) _____ = Monthly            # Pay periods left in current yr	(D) \$ _____
Year-to-date Past Contribution amount (if applicable):  \$ _____ + \$ _____ = Personal            SD27J	(E) \$ _____	Year-to-date Past Contribution Amount (if applicable):  \$ _____ + \$ _____ = Personal            SD27J	(E) \$ _____
<b>Maximum total current yr contribution</b> B + C - D - E = F	(F) \$ _____	<b>Maximum total current yr contribution</b> B + C - D - E = F	(F) \$ _____
MAX allowed in equal payments: (F) \$ _____ ÷ (A) _____ = \$ _____ per month.			

Employee Health Savings Account Election – <i>Not to exceed the IRS Annual Maximum Contribution Limit</i>
I would like to contribute \$ _____ per month beginning _____ (Month / Year)
OR I would like to contribute a one-time amount of \$ _____ on _____ (Month / Year)

Employee's Signature - Required
I hereby authorize 27J Schools to deduct the HSA contribution amount I have indicated above. I understand there are maximum limits I can contribute to my HSA per IRS rules, and I may be liable for tax penalties if I exceed this amount. I also authorize 27J Schools to deposit these funds directly into my Health Savings Account that I have established with our partner, HSA Bank.
Employee's Signature: _____ Date: _____

\*Based on an Employees benefit start date, they will receive a pro-rated monthly benefit.

\*\*Employees who are not enrolled in the HDHP plan for the entire benefit year may or may not be able to make contributions up to the annual IRS maximum. For more information see IRS Publication 969 found at, [https://www.irs.gov/publications/p969/ar02.html#en\\_US\\_2016\\_publink1000204045](https://www.irs.gov/publications/p969/ar02.html#en_US_2016_publink1000204045) or contact a tax professional.