

Employee HSA Payroll Deduction Form

Return completed forms to:

Oxnard School District
Attn:



HSA Contribution Limits and Contribution Calculator

2024 Annual Maximum HSA Contributions

Age Band	Coverage Type	Total Annual Contribution*			
Total Annual Employee HSA Contribution	-	Employer Contribution	=	Total Eligible Employee Amount	
\$	MINUS	\$		\$	
Total Eligible Employee Amount	/	Remaining number of pay periods:	=	Per-Pay Period Max Withholding	
\$	DIVIDED			\$	

Eligibility and contribution limits to your health savings account (HSA) are determined by the effective date of your high-deductible health plan (HDHP). If you're covered as of December 1, you're considered an eligible individual for the entire year and you're not required to pro-rate your contributions and can deposit the full IRS maximum for that calendar year. If you cease to be an eligible individual during the next calendar year, any funding over the prorated amount is considered an excess contribution and subject to a penalty and income tax. For further information or to review eligibility, please contact your Benefits Department.

Employee Information and Authorization

Employee Name	Last 4 of SSN or Employee ID
Please withhold:	
\$ _____ from my monthly payroll and apply the funds to my HSA.	
Payroll Cycle:	Year: <input type="checkbox"/> 2024
<input type="checkbox"/> January <input type="checkbox"/> February <input type="checkbox"/> March <input type="checkbox"/> April <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> August <input type="checkbox"/> September <input type="checkbox"/> October <input type="checkbox"/> November <input type="checkbox"/> December	
Signature	Date