2025

Employee HSA Payroll Deduction Form

Return completed forms to:

Oxnard School District

Attn: PAYROLL





HSA Contr	ibution Lin	nits and	d Contri	bution C	Calculator	,
The calculators a substitute for p	and tools are porofessional adv	rovided for vice.	r your inforr	nation and to	o illustrate sce	narios. The results should not be taken as
Age Band Coverage Type		Total Annual Contribution*		2025 Annual Maximum HSA Contributions The 2025 maximum HSA contribution that can be made is \$4,300 for an		
					and \$8,550 for ou are age 55+	a family. You can contribute an additional
Total Annual Employee HSA Contribution		-	Employer Contribution		=	Total Eligible Employee Amount
\$		MINUS	\$			\$
Total Eligible Employee Amount		1	Remaining number of pay periods:		=	Per-Pay Period Max Withholding
\$		DIVIDED				\$
(HDHP). If you're contributions and contributions	covered as of Dec can deposit the fu over the prorated	ember 1, yo II IRS maxin amount is c	ou're consider num for that o onsidered an	red an eligible calendar year excess contr	individual for th If you cease to bution and subje	ne effective date of your high-deductible health plan be entire year and you're not required to pro-rate your be an eligible individual during the next calendar ect to a penalty and income tax. For further
Employee	Informatio	n and A	Authoriz	ation		
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:	□ 2025

□ May

□ June

Date

□ July

□ August □ September

□ January

□ October

Signature

□ February

□ November

□ March □ April

□ December