EMPLOYEE VOLUNTARY CONTRIBUTION TO HEALTH SAVINGS ACCOUNT FORM

- Return this form to: Sarah Van Someren, Insurance Specialist at the District Office
  - Requests for contributions, changes and cancelations are due from employee to the District Office by the 15th of the month to be effective the 1st of the following month.

HSA Request Type (Select One):

☐ Begin Contribution	☐ Change Contribution	☐ Cancel Contribution

Employee Information:

Employee ID # (Required):___-___-___-___-___-___-____

Employee Name (Required):_____
LAST NAME, FIRST NAME MIDDLE INTIAL

Contribution Selection:

A Health Savings Account (HSA) is a special savings account you can use to pay for eligible medical expenses with pre-tax money when you are enrolled in a qualifying high-deductible health plan.

The IRS sets yearly limits on how much can go into your HSA. These limits change each year.
For 2026, the maximum contribution is $4,400 for self-only coverage and $8,750 for family coverage, plus an extra $1,000 "catch-up" if you are age 55 or older. These limits include both what you put in and what the District (or any employer) contributes.

It is your responsibility to make sure your total HSA contributions stay within IRS limits and that you use HSA funds only for qualified medical expenses under IRS rules, to avoid additional taxes or penalties. For more information, please review IRS Publication 969 on the IRS website or speak with a tax advisor. https://www.irs.gov/publications/p969

Employee Voluntary Contribution Amount Selection (Required)
☐ Specific Amount $_____ per year ○ 11-month employees – 11 deductions from paycheck. ○ 12-month employees – 12 deductions from paycheck.

- Requests for contributions, changes and cancelations are due from employee to the District Office by the 15th of the month to be effective the 1st of the following month.
- Late submissions will cause a delay in the employee contributions to the employee's HSA account.
- Monthly contribution to HSA account will be applied to each paycheck for that employee.
  - 11-month employees – 11 deductions from paycheck.
  - 12-month employees – 12 deductions from paycheck.
  - Employees who change assignments during the duration from voluntary deduction from 11- or 12-month assignments should reevaluate monthly contributions to ensure that annual contributions meet the IRS HSA guidelines.
  - Employees should reevaluate monthly contributions each calendar year to ensure that the voluntary deductions meet the employees needs and the IRS HSA guidelines.

Terms and Agreement:

I hereby authorize the Ventura County Office of Education (VCOE), Oxnard Union High School District (OUHSD), and/or their agents to withhold voluntary pre-tax deductions from my wages and remit those amounts to the Health Savings Account (HSA) listed above. These deductions will be made in the amount I have elected on this form and are subject to IRS rules and annual contribution limits.
I understand that my HSA payroll deductions will begin or change as soon as administratively possible after this form is processed. I also understand that I must submit a new authorization form if my HSA information or deduction amount changes. HSA payroll deductions may be reduced, delayed, or suspended if required by law or court order. I understand that it is my responsibility to ensure that my total HSA contributions (including any employer contributions and any contributions made outside of payroll) do not exceed the annual IRS limits for my coverage type and age. I further understand that I am responsible for any fees or issues that occur if my HSA limits are exceeded.
I agree to hold harmless and indemnify VCOE, OUHSD, and their officers and employees from any claims or demands arising from the failure or delay in making HSA deductions or contributions, or from corrections to such deductions or contributions, even if caused by negligence on their part. This authorization replaces all previous HSA payroll deduction authorizations I have submitted and will remain in effect until I submit a new HSA Payroll Deduction Authorization form to change or cancel this authorization.

Employee Signature (Required): _____ **Date (Required):** _____

Received by Fiscal/Insurance on: _____ Effective Date: _ _ / 01 /20_ _