



- HSA Request Type (Select One):**

Employee Information:

Employee Name (Required): _____

LAST NAME *FIRST NAME* *MIDDLE INITIAL*

Contribution Selection:

The IRS sets yearly limits on how much can go into your HSA. These limits change each year.

For 2027, the maximum contribution is \$4,500 for self-only coverage and \$9,000 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)

- Requests for contributions, changes and cancellations 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 / 01 /20