HSA Payroll Deduction Form 2027

Email completed forms to: paguilera@santapaulausd.org
Santa Paula Unified School District
Business Services – Benefits
Attn: Pamela Aguilera
805.933.8865

Employee Information

Employee Name	Last 4 of SSN or Employee ID #	☐ Certificated ☐ Classified

Maximum Total Annual HSA Contribution Limit Per IRS

Coverage Level	Maximum Annual Contribution*
Single	**$4,500**
2 Party / Family	**$9,000**

*An additional $1,000/year "catch-up contribution" is allowed for those age 55 and over.
Single enrollees under age 55 should not contribute since the District will contribute the maximum.

District's Employer HSA Contributions in January and September

☐ Anthem CDHP 90	☐ Anthem CDHP 80	☐ Anthem CDHP 60	☐ Kaiser CDHP 90 ☐ Kaiser CDHP 60

Optional Worksheet Section

Total Annual Employee HSA Contribution	-	Employer Contribution	=	Total Eligible Employee Amount
$	(MINUS)	$		$
Total Eligible Employee Amount	/	**Remaining # of pay periods**	=	**Per-Pay Period Max Contribution**
	(DIVIDED BY)			$

Eligibility and contribution limits to your health savings account (HSA) are determined by the effective date of your consumer-driven health plan (CDHP). If you are covered as of December 1, you are considered an eligible individual for the entire year and you are not required to pro-rate your contributions. 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.***

Employee Authorization to Withhold and Deposit the Following

2027 Paychecks	Amount	Due by	2027 Paychecks	Amount	Due by
☐ January	$_____	1/15/2027	☐ **July	$ _____	7/15/2027
☐ February	$_____	2/15/2027	☐ **August	$_____	8/15/2027
☐ March	$_____	3/15/2027	☐ September	$_____	9/15/2027
☐ April	$_____	4/15/2027	☐ October	$_____	10/15/2027
☐ May	$_____	5/15/2027	☐ November	$_____	11/15/2027
☐ June	$_____	6/15/2027	☐ December	$_____	12/15/2027

*** Option for 12-month employees only. (No deductions will be taken in July or August for 10 or 11-month employees).*

I authorize the above deductions from my monthly payroll into my HSA. I understand that my employer's contribution and my employee contribution together count toward my IRS maximum annual HSA contribution and it is my responsibility to stay within the IRS maximum annual (calendar year) contribution to avoid a tax penalty and income tax.

Signature	Date

For office use only

Date received_____ Date processed_____ Entered: Escape ☐