

## 27J Schools Employee HSA Payroll Deduction Form

In addition to the Health Savings Account (HSA) funds that you will receive from 27J Schools as a benefit, you may elect to have additional pre-tax dollars deposited into your HSA account up to the annual IRS maximum. Use this form to calculate and authorize an additional monthly payroll deduction. **Submit to the payroll team by the 12<sup>th</sup> of the month.**

Employee Information - Required	
Name (First / Last):	Employee Number:
I wish to: <input type="checkbox"/> Begin a HSA deduction <input type="checkbox"/> Change my HSA deduction <input type="checkbox"/> Stop my HSA deduction	

HSA Worksheet- Use this tool to determine the maximum amount allowed for 2023			
There are: (A) _____ pay period(s) remaining in 2023 (total of 12 pay periods each year).			
Single		Family (more than 1 person)	
2023 IRS maximum annual limit:	(B) \$ 3,850	2023 IRS maximum annual limit:	(B) \$ 7,750
Are you age 55 or older? If NO, write \$0 If YES, write \$1,000	(C) \$ _____	Are you age 55 or older? If NO, write \$0 If YES, write \$1,000	(C) \$ _____
District 27J <u>future</u> contributions:  \$ _____ x (A) _____ = Monthly                      # Pay periods left in 2023	(D) \$ _____	District 27J <u>future</u> contributions:  \$ _____ x (A) _____ = Monthly                      # Pay periods left in 2023	(D) \$ _____
2023 Year-to-date Past Contribution amount (if applicable):  \$ _____ + \$ _____ = Personal                      SD27J	(E) \$ _____	2023 Year-to-date Past Contribution Amount (if applicable):  \$ _____ + \$ _____ = Personal                      SD27J	(E) \$ _____
<b>Maximum total 2023 contribution</b> B + C - D - E = F	(F) \$ _____	<b>Maximum total 2023 contribution</b> B + C - D - E = F	(F) \$ _____
MAX allowed in equal payments: (F) \$ _____ ÷ (A) _____ = \$ _____ per month.			

Employee Health Savings Account Election – Not to exceed the IRS Annual Maximum Contribution Limit
I would like to contribute \$ _____ per month beginning _____ (Month / Year) OR I would like to contribute a one-time amount of \$ _____ on _____ (Month / Year)

Employee's Signature - Required
<p>I hereby authorize 27J Schools to deduct the HSA contribution amount I have indicated above. I understand there are maximum limits I can contribute to my HSA per IRS rules, and I may be liable for tax penalties if I exceed this amount. I also authorize 27J Schools to deposit these funds directly into my Health Savings Account that I have established with our partner, HSA Bank.</p> <p>Employee's Signature: _____ Date: _____</p>

**\*Based on an** Employees benefit start date, they will receive a pro-rated monthly benefit.

**\*\*Employees who are not enrolled in the HDHP plan for the entire benefit year may or may not be able to make contributions up to the annual IRS maximum.** For more information see IRS Publication 969 found at, [https://www.irs.gov/publications/p969/ar02.html#en\\_US\\_2016\\_publink1000204045](https://www.irs.gov/publications/p969/ar02.html#en_US_2016_publink1000204045) or contact a tax professional.