

Red Bluff Joint Union High School District

Health Savings Account (HSA)

Payroll Deduction Authorization

New Account Change Amount Stop Deduction

As an RBJUHSD employee, you can contribute, on a pre-tax basis through payroll deduction, to a Health Savings Account (HSA) designed to cover qualified medical expenses. You may also choose to contribute on your own to your HSA and take the deduction on your income taxes to the extent appropriate under applicable law. The amount you elect to contribute will be withheld from your paycheck and mailed to the HSA on your behalf. You may change or stop payroll deductions at your discretion during the year by submitting this form to the Payroll Department and selecting the appropriate option above. You are responsible for opening your health savings bank account. When choosing a financial institution for your HSA, make sure they accept contributions by paper check. At this time, we cannot send your contributions via Electronic Fund Transfer.

Employee Information

Print Full Name: _____

Employee ID #: _____ (If available, otherwise use last four digits of your SSN)

Contribution Information

I authorize the following monthly amount to be mailed to my HSA by payroll deduction:

\$ _____ per month. Effective: _____ payroll
(month/year)

Name of Financial Institution: _____

Health Savings Account Number: _____

Signature

As an eligible employee, I acknowledge that I understand the benefits, rights, and obligations available to me under the plan and that the above deductions will be made on a pre-tax basis. I certify that I am enrolled in a qualified high deductible health plan with no other medical coverage. I certify that I am not eligible to receive any benefits under a medical FSA. I understand that to avoid tax consequences, it is my responsibility to ensure that claims drawn from my HSA are for eligible medical expenses with substantiated receipts. I also acknowledge that RBJUHSD is not responsible or liable for any transaction, accounting, or tax responsibilities I assume by opening my HSA.

Employee Signature: _____ Date: _____

See reverse for maximum contribution limits.

Purpose:

The Health Savings Account (HSA) Payroll Deduction form is used to authorize and document employee HSA contributions that will be made via payroll deduction. A general understanding of the following terms may be helpful in completing this form:

Calendar Year Maximum Contributions:

The maximum annual contribution is equal to the pre-defined amount updated by the federal government each year. Roll-over amounts from previous years or another HSA do not count toward the maximum annual contribution. Your maximum includes all contributions being made to this account. For more information, please consult www.irs.gov or your tax advisor.

2023		
Self-Only Coverage	Individual Maximum Contribution	\$3,850.00
Family Coverage	Family Maximum Contribution	\$7,750.00
2024		
Self-Only Coverage	Individual Maximum Contribution	\$4,150.00
Family Coverage	Family Maximum Contribution	\$8,300.00

Calendar Year Catch-up Contributions:

Catch-up contributions are HSA contributions made in addition to any regular HSA contributions. You are eligible to make catch-up contributions if you meet the eligibility requirements for regular contributions and have attained age 55 by the end of the taxable year. If you are 65 and older and not enrolled in Medicare, you can contribute to your HSA and continue to make catch-up contributions.

Maximum Catch-Up Amount for Tax Years 2023 & 2024: \$1,000.00