

Oakland Community College
Employee HSA Payroll Deduction Form

2024 Annual HSA Contributions	
Coverage Type	Total Maximum Annual Contributions
Self-Only	\$4,150
Family	\$8,300
<p>*Catch-up contribution (age 55+): additional \$1,000/year</p> <p>Eligibility and contribution limits to your health savings account (HSA) are determined by the effective date of your high-deductible health plan (HDHP). If you're covered as of December 1, you're considered an eligible individual for the entire year and you're 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. For further information or to review eligibility, please contact HealthEquity Member Services at 866.346.5800.</p>	

Employee Information and Authorization	
Employee Name (Print)	Employee ID
Please withhold \$_____ from my bi-weekly payroll and apply the funds to my HealthEquity HSA.	
Please start this deduction beginning the pay of ____/____/ 2024.	
I am eligible for the "catch-up" contribution and wish to contribute an additional \$1,000 for 2024 making my total contribution \$5,150 for single or \$9,300 for family.	
Please initial _____	
Signature	Date