



Health Savings Account Salary Reduction Agreement

Begin New HSA

Contribution

Effective Pay Date: _____

Change to Current HSA Contribution

Employee Information:

Last Name: _____

First Name: _____

Insurance Plan:

Enrollment Status:

Sutter Health Plus HDHMO 1500/3000	<input type="checkbox"/> Single	<input type="checkbox"/> Family
Sutter Health Plus HDHMO 2500/5000	<input type="checkbox"/> Single	<input type="checkbox"/> Family
Western Health Advantage HDHMO 1800/3600	<input type="checkbox"/> Single	<input type="checkbox"/> Family
Western Health Advantage HDHMO 2800/5600	<input type="checkbox"/> Single	<input type="checkbox"/> Family
Kaiser HDHMO 2000/4000	<input type="checkbox"/> Single	<input type="checkbox"/> Family
Blue Shield PPO Savings 2700/5200	<input type="checkbox"/> Single	<input type="checkbox"/> Family
Blue Shield PPO Savings 4000/8000	<input type="checkbox"/> Single	<input type="checkbox"/> Family

2020 IRS Contribution Limits:

Single Coverage	Family Coverage	Age 55 or over Catch Up
\$3,550 (\$295.83 Dist. Monthly Max)	\$7,100 (\$591.67 Dist. Monthly Max)	\$1,000 (\$379.17 Single/\$675 Family Dist. Monthly Max)

Will you be age 55 or older as of 6/30/20? YES NO

If 55 or older, will you be including a catch up contribution? YES NO

IRS contribution limits are reduced by any employer contributions. The employer contribution is the unused portion of your monthly district benefits cap, if applicable, not to exceed IRS (district) limits.

Recurring Contributions:

Monthly Employer Contribution	\$ _____
Monthly Employee Contribution	\$ _____
Total Monthly Contribution	\$ _____

One-Time Employee Contribution:

Amount: \$ _____	Effective Date: _____	After this contribution, recurring contributions to this HSA should be: <input type="checkbox"/> DISCONTINUED <input type="checkbox"/> RESUMED
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Please note: Our plan year for benefits is July through June, but contribution limits are January through December. The last contribution of each calendar year is in November since December payroll is paid in January (with the exception of Bus Drivers).

I do hereby authorize Western Placer Unified School District to deduct the stated amount from my pay warrant and deposit it into the custodial account with OPTUM Bank.

Employee Signature

Date

District Approval

Date

**For any questions related to tax implications, please consult your tax advisor regarding your individual situation.*