

Murrieta Valley Unified School District
Anthem Blue Cross PPO with
Health Savings Account (HSA)
Salary Reduction Agreement

This deduction agreement will expire at the end of the 2025 calendar year and a new SRA will be required as HSA limits are modified each year by the IRS.

Type of Agreement: ☐ NEW Agreement **OR** ☐ Changing an existing agreement

Type of funding received by District: ☐ - Single ☐ - Family

In accordance with Education Code Sections 44041 and 87040, Government Code Sections 1157 and 53200 et seq. and for the purpose of qualifying under the provision and for the benefits of the Anthem Blue Cross Lumenos PPO Health Savings Account (Plan) of the Internal Revenue Code, and Section 17501 et al of the California Revenue and Taxation Code:

IT IS HEREBY AGREED BY THE DISTRICT AND:

Employee Type:

Employee Name:

- ☐ - Certificated
- ☐ - Management
- ☐ - Classified

Employee Number:

Site/Department:

In accordance with Internal Revenue Code, the employee hereby agrees to the termination of any General-Purpose Medical Flexible Spending Accounts for the plan year in which they will be enrolled in the Health Savings Account.

IRS 2025 Calendar Year Maximum HSA Contribution:

Single \$4,300 Family Employee + Dependent(s) \$8,550 Employee's 55+ annual catch-up limit \$1,000.

Amount of each PAYCHECK deduction "Pre-Tax" \$ _____

Galaxy Deduction Code – 1602

START Date of "Pre-Tax" deductions: _____/_____/_____ **END DATE of Pre-Tax deductions: _____/_____/_____**
(year) (year)

(Initials) Amount identified above to be deposited to my Health Equity Health Savings Account

Employee Signature

Date

Date Received by Benefits Office

Deduction Amount Authorized by Benefits office