

**Murrieta Valley Unified School District**  
**Kaiser Permanente with Health Savings Account (HSA)**  
***Salary Reduction Agreement***

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**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

**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 – 1016**

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

\_\_\_\_\_  
(Initials) Amount identified above to be deposited to my Kaiser Health Savings Account through Citibank

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Date Received by Benefits Office**

\_\_\_\_\_  
**Deduction Amount Authorized by Benefits office**