

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

Type of Agreement: NEW agreement **OR** Superseding/changing an existing agreement

Type of funding received by District: - Single - Family - Joint (Married MVUSD employees w/one Account)

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 2021 Calendar Year Maximum HSA Contribution:**

Single \$3,600 Family Employee + Dependent(s) \$7,200. Employee's 55+ annual catch-up limit \$1,000.

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

Galaxy Deduction Code – 8658

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

NOTE: This deduction agreement will expire at the end of the current calendar year. The completion of a new SRA form is required for each calendar year.

(Initials) Amount identified above to be deposited to my Benefit Wallet Bank Health Savings Account

Employee Signature

Date

Date Received by Benefits Office

Deduction Amount Authorized by Benefits office