

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

This deduction agreement will expire at the end of the 2024 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 2024 Calendar Year Maximum HSA Contribution:

Single \$4,150 Family Employee + Dependent(s) \$8,300 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