

Murrieta Valley Unified School District
Kaiser Permanente
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)

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 2022 Calendar Year Maximum HSA Contribution:**

Single \$3,650 Family Employee + Dependent(s) \$7,300. 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)

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 Kaiser Health Savings Account through Citibank

Employee Signature

Date

Date Received by Benefits Office

Deduction Amount Authorized by Benefits office