



Health Savings Account

Salary Reduction Agreement 2025-2026 Plan Year

Effective Pay Date: _____

- Begin New HSA Contribution
 Change to Current HSA Contribution

Employee Information:

Last Name: _____ First Name: _____

Insurance Plan:

- Sutter Health Plus HDHMO 1650/3300
- Sutter Health Plus HDHMO 2500/5000
- Western Health Advantage HDHMO 1800/3600
- Western Health Advantage HDHMO 2800/5600
- Kaiser HDHMO 2000/4000
- Kaiser HDHMO 3000/6000
- Blue Shield PPO Savings 2700/5200
- Blue Shield PPO Savings 4400/8800

Enrollment Status:

- | | |
|---------------------------------|---------------------------------|
| <input type="checkbox"/> Single | <input type="checkbox"/> Family |
| <input type="checkbox"/> Single | <input type="checkbox"/> Family |
| <input type="checkbox"/> Single | <input type="checkbox"/> Family |
| <input type="checkbox"/> Single | <input type="checkbox"/> Family |
| <input type="checkbox"/> Single | <input type="checkbox"/> Family |
| <input type="checkbox"/> Single | <input type="checkbox"/> Family |
| <input type="checkbox"/> Single | <input type="checkbox"/> Family |
| <input type="checkbox"/> Single | <input type="checkbox"/> Family |

2025 IRS Contribution Limits:

Single Coverage	Family Coverage	Age 55 or over Catch Up
\$4,300 (\$358.33 Dist. Monthly Max)	\$8,550 (\$712.50 Dist. Monthly Max)	\$1,000 (\$441.67 Single/\$795.83 Family Dist. Monthly Max)

Will you be age 55 or older as of 6/30/25? YES NO

If 55 or older, will you be including a catch up contribution? YES NO

IRS contribution limits are reduced by any employer contributions. The employer contribution is the unused portion of your monthly district benefits cap, if applicable, not to exceed IRS (district) limits.

Recurring Contributions:

Monthly Employer Contribution	\$ _____
Monthly Employee Contribution	\$ _____
Total Monthly Contribution	\$ _____

One-Time Employee Contribution:

Amount: \$ _____	Effective Date: _____	After this contribution, recurring contributions to HSA should be: <input type="checkbox"/> DISCONTINUED <input type="checkbox"/> RESUMED
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Please note: Our plan year for benefits is July through June, but contribution limits are January through December. Since December payroll is paid in January, the last contribution for each calendar year is November.

I do hereby authorize Western Placer Unified School District to deduct the stated amount from my pay warrant and deposit it into the custodial account with OPTUM Bank.

Employee Signature _____

Date _____

District Approval _____

Date _____

**For any questions related to various tax implications or conflicts if collecting Social Security or enrolled in Medicare Part A or B, please consult your tax advisor regarding your individual situation.*