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 2026 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 Name:

Employee Number:

Site/Department:

Employee Type:

☐ **- Certificated**
☐ **- Management**
☐ **- Classified**

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 2026 Calendar Year Maximum HSA Contribution:

Single $4,400 Family Employee + Dependent(s) $8,750 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: _____/____ (year) **END DATE of Pre-Tax deductions**: _____/____ (year)

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

_____ _____
Employee Signature **Date**

_____ _____
Date Received by Benefits Office **Deduction Amount Authorized by Benefits office**