



## Health Savings Account Deduction Form 2019

New Deduction       Change in Deduction       Terminate Deduction

Name: \_\_\_\_\_ Escape Emp ID: \_\_\_\_\_

### 2018 SRJC EMPLOYEE DEDUCTION LIMITS

	Single	Double/Family	55+ Limits
Contract Faculty Management/Confidential Classified	\$2,300	\$5,200	Single-\$3,300 Double/ Family-\$6,200
Adjunct Faculty	\$2,900	\$6,100	Single-\$3,900 Double/ Family-\$7,100

**Do not include expenses for Domestic Partners who are not an IRS Section 152 dependent.**

Santa Rosa Junior College and I, hereby, agree that my salary will be reduced by the amount set forth below for the Health Saving Plan account under the Section 125 plan.

Effective Date	Annual Amount	Monthly-Payroll Use only

With regard to my salary redirection agreement and my election of benefits, I understand that:

- The annual District contribution for regular employees will be: Single \$1200; Double/Family \$1800
- The annual District contribution for Adjunct Faculty will be: Single \$600; Double/Family \$900
- My Social Security benefits may be slightly reduced as a result of my election.
- Upon separation of service from the District mid-year, I authorize the District to adjust for any advanced contributions made to the plan on my behalf.

\_\_\_\_\_  
*Employee Signature*

\_\_\_\_\_  
*Date*