



Health Savings Account Deduction Form 2020

New Deduction Change in Deduction Terminate Deduction

Name: _____ Escape Emp ID: _____

2020 SRJC EMPLOYEE DEDUCTION LIMITS

	Single	Double/Family	55+ Limits
Contract Faculty Management/Confidential Classified	\$2,350	\$5,300	Single-\$3,350 Double/ Family-\$6,300
Adjunct Faculty	\$2,950	\$6,200	Single-\$3,950 Double/ Family-\$7,200

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