Health Savings Account
Salary Redirection Agreement

EMPLOYEE NAME (LAST, FIRST, M.I.)   EMPLOYEE ID NUMBER

ADDRESS (NUMBER & STREET)   HOME PHONE

CITY, STATE, ZIP CODE   WORK PHONE

AGENCY/DEPARTMENT NAME   DEPT ID

☐ I authorize the Auditor-Controller to deduct $ _____ from my biweekly paycheck (deductions will only be taken on 1st and 2nd paychecks in a single month) and remit the proceeds to my Health Savings Account. The 2020 annual HSA contribution limits are as follows:

- Individual $3,550 (if age 55 or older, add $1,000 to this amount)
- Family $7,100 (if age 55 or older, add $1,000 to this amount)

Per pay period maximums:

- Employee Only: $147.91
- Employee Only 55 years or older: $189.58
- Employee + 1 and Family: $295.83
- Employee + 1 and Family, employee 55 years or older: $337.50

☐ I wish to terminate all Health Savings Account Salary Redirection Agreements on file, and discontinue contributions.

As a condition of enrollment, County of Ventura CEO/HR/Benefits will review for enrollment in a qualifying High-Deductible PPO. In addition, County of Ventura CEO/HR/Benefits may disqualify enrollment based upon current participation in a Health Care Flexible Spending Account. I understand and accept that I am personally responsible for complying with the annual HSA contribution limits, eligibility requirements, etc. Questions in regard to compliance should be directed to the appropriate H.S.A. plan administrator.

_____   _____

Employee Signature   Date