

## OPTUM HSA SALARY REDUCTION FORM

### EMPLOYEE INFORMATION:

Employee:	Last Name:	First Name:	
SSN:		Date of Birth:	
Street Address:			
City:		State:	Zip
Phone #		Email:	

### INSURANCE PLAN:

Insurance Plan:	Kaiser High Deductible HMO		
	<i>Circle one:</i>	Single Deductible	Family Deductible
Insurance Plan:	Sutter Health Plus High Deductible HMO		
	<i>Circle one:</i>	Single Deductible	Family Deductible
Insurance Plan:	Western Health Advantage High Deductible HMO		
	<i>Circle one:</i>	Single Deductible	Family Deductible
Insurance Plan:	Blue Shield High Deductible PPO		
	<i>Circle one:</i>	Single Deductible	Family Deductible

### CONTRIBUTIONS TO ACCOUNT:      EFFECTIVE DATE: \_\_\_\_\_

Monthly Payroll Contribution:	\$	Catch up Contribution ** Included: <i>Circle One</i> Yes    No \$ _____
Total Annual Contribution	\$	

**2025 Contribution Limits: \$4,300/single coverage or \$8,550/family coverage**

*\*\*A Catch-Up Contribution of up to \$1000 during the 2025 calendar year is allowed for account holders who are age 55 or older.*

I do hereby authorize my employer 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