



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 2019 annual HSA contribution limits are as follows:

- Individual \$3,500 (if age 55 or older, add \$1,000 to this amount)
- Family \$7,000 (if age 55 or older, add \$1,000 to this amount)

Per pay period maximums:

- Employee Only: \$145.83
- Employee Only 55 years or older: \$187.50
- Employee + 1 and Family: \$291.66
- Employee + 1 and Family, employee 55 years or older: \$333.33

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.

Subject to change (employees will be notified), the County of Ventura is absorbing the nominal administration cost of maintaining a HealthEquity account each month for the County of Ventura sponsored plan only.

Employee Signature

Date

FOR INTERNAL USE ONLY

BENEFITS REVIEW:

_____ Enrolled in HD PPO?

Reviewed by: _____

Date: _____

PAYROLL DEDUCTION CODE (Circle One): HEHSA / F_HSA / D_HSA

PAYROLL DEDUCTION BEGIN (1st and 2nd Pay Period only): _____

Entered by: _____

Date: _____