



Printed Employee Name: _____

Email address: _____

Work location: _____

Schools please indicate K-8 OR 9-12

SOUTHERN CALIFORNIA CONFERENCE
OF SEVENTH-DAY ADVENTISTS
Health Savings Account Salary Reduction/Redirection Form
January 1 - December 31, 2021

The Southern California Conference (SCC) provides a health savings account (HSA) for qualified regular full-time employees who have enrolled in the high-deductible PPO through Anthem Blue Cross.

SCC funds the high deductible with employer contributions of \$100.00 per month (\$1,200/year) for individual coverage or \$200.00 per month (\$2,400/year) for family coverage.

You may make your own additional pre-tax contributions, subject to the annual limits established by the Internal Revenue Service. In 2021, the most that may be deposited into your HSA is \$3,600.00 for individual accounts or \$7,200.00 for family accounts. This means you may contribute your own pre-tax dollars in addition to SCC's contribution. Because of SCC's contributions, you may only deposit up to \$2,400 (individual plans) or \$4,800 (family plans). Also, if you are 55 or above, you may contribute an extra \$1,000 per year into your HSA.

Your own voluntary contributions may be done as a regular contribution each pay check or as a one-time lump-sum contribution. ANY CHANGE MAY TAKE UP TO TWO PAYROLL CYCLES TO OCCUR. REVIEW YOUR PAYCHECK STUB.

PLEASE REVIEW AND SIGN ONE OF THE BOXES BELOW:

Electronic Signature must include last 4 digits of your Social Security #.

I have read the above and choose to make a ONE-TIME LUMP SUM pre-tax contribution of:
_____ [amount written out] Dollars (\$) _____
in the next applicable deposit cycle.
Signature _____ Date _____

I choose to make CONTRIBUTIONS EACH PAYCHECK:
_____ [amount written out] Dollars
(\$ _____) per pay check beginning with the next HSA deposit cycle following receipt of
this request by the SCC Payroll Department. I will notify the Payroll Department in advance of any
change that is to be made, in writing. I understand that any change may take up to two payroll
cycles.
Signature _____ Date _____

Please DISCONTINUE my voluntary HSA contribution on _____ or as soon after as
possible.
Signature _____ Date _____