



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, 2024**

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.

You may make your own pre-tax contributions, subject to the annual limits established by the Internal Revenue Service. In 2024, the most that may be deposited into your HSA is \$4,150.00 for individual accounts or \$8,300 for family accounts. 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