



San Bernardino County Superintendent of Schools  
Human Resources – Benefits  
760 E. Brier Drive, San Bernardino, CA 92408  
Phone: 909.386-9592 or 909.386.9562  
FAX: 909.386.9694

## **VOLUNTARY DEDUCTION FORM**

### **Health Savings Account (HSA) Enrollees Only**

The form must be received by Human Resources by the 15<sup>th</sup> to be effective the next pay cycle.  
Only HSA Accounts established with American Fidelity are eligible for SBCSS payroll deductions.

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IRS Annual Limits for Contributions to a Health Savings Account  
Calendar Year (January through December )

#### **Tax Year 2016**

**Single: \$3,350**

**Family: \$6,750**

#### **Tax Year 2017**

**Single: \$3,400**

**Family: \$6,750**

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\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

Social Security #: XXX – XX – \_\_\_\_\_

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### **New Amount**

\$ \_\_\_\_\_

I would like this to start on the pay date of: \_\_\_\_\_

This amount will continue every month until you complete a new form to cancel or change.

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### **Cancellation**

Cancellation effective: \_\_\_\_\_.

If form is received by the 15<sup>th</sup> of the month, cancelation will apply for the next scheduled payroll.

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I have authorized the Payroll Department to complete the above payroll deduction action in regards to my Health Savings Account with American Fidelity. I understand that my eligibility to send payroll deductions to my health savings account is contingent of my enrollment in a qualified high deductible health plan.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date