



**Placer County Office of Education**  
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Gayle Garbolino-Mojica, County Superintendent of Schools

**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:	<b>Kaiser 602214B \$2,000 / \$4,000 Deductible</b>
Type of Plan:	<i>Circle one:</i> Single Deductible \$2,000      Family Deductible \$4,000
Insurance Plan:	<b>Sutter Health Plus HMO \$1,500 / \$3,000 Deductible</b>
Type of Plan:	<i>Circle one:</i> Single Deductible \$1,500      Family Deductible \$3,000
Insurance Plan:	<b>Sutter Health Plus HMO \$2,500 / \$5,000 Deductible</b>
Type of Plan:	<i>Circle one:</i> Single Deductible \$2,500      Family Deductible \$5,000
Insurance Plan:	<b>Western Health Advantage HMO \$1,800 / \$3,600 Deductible</b>
Type of Plan:	<i>Circle one:</i> Single Deductible \$1,800      Family Deductible \$3,600
Insurance Plan:	<b>Western Health Advantage HMO \$2,800 / \$5,600 Deductible</b>
Type of Plan:	<i>Circle one:</i> Single Deductible \$2,800      Family Deductible \$5,600

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

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

**2022 Contribution Limits: \$3,650/single coverage or \$7,300/family coverage**

*\*\*A Catch-Up Contribution of up to \$1000 during the 2022 calendar year is allowed for subscribers who are age 55 or over.*

I do hereby authorize PCOE 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