

LAKE TAHOE COMMUNITY COLLEGE DISTRICT
District Contribution Form for Employee Health Benefits

I, _____ authorize a payroll contribution in the amount of _____
 Print Employee Name

<u>TCSIG Plan</u>	<u>403(b) Contributions</u>	<u>457 Contributions</u>	<u>HSA Contributions*</u>	<u>Total</u>
Basic				\$41.25
CDHP				\$425.25

* The current HSA contribution limits for 2019 are \$3,500/annual or \$291.67/month for single and \$7,000/annual or \$583.33/month for family

_____ I have opened a 403(b) account and linked it to LTCC.
 (Initials or N/A)

_____ I plan to open and link a 403(b) account with the American Fidelity representative in June.
 (Initials or N/A)

_____ I have submitted my HSA paperwork to HR to open a new HSA.
 (Initials or N/A)

This contribution shall continue on a monthly basis from July 1, 2019 through June 30, 2020. This payroll contribution represents the difference of the District cap and my share of health benefits based on my election for coverage under the district contribution of \$18,456.

Employee Signature _____ *Date*

HR/Payroll Use Only:	
Monthly Contribution: \$ _____	Entered into QSS by _____ Date _____