



OFFICE OF HUMAN RESOURCES

VOLUNTARY SALARY REDUCTION – HEALTH SAVINGS ACCOUNT

Please complete the Employee Information section and Health Savings Account information below. Complete only the desired section in which you would like accomplished (Begin Payroll Deduction, Change Payroll Deduction, or Cancel Payroll Deduction). Once completed please return to the Office of Human Resources.

EMPLOYEE INFORMATION

Name (Please Print) Date

HEALTH SAVINGS ACCOUNT INFORMATION

Bank Name Account Number

Routing Number

PAYROLL DEDUCTION

Effective Date

Please DEDUCT \$ _____ each pay period from my paycheck to my Health Savings Account as written above. Signature: _____ Date: _____ *The maximum deduction allowed for 2010 for an individual is \$1610 (3050 IRS – 1440 College Contribution) * The maximum deduction allowed for 2010 for an employee plus additional members is \$3270 (6150 IRS – 2880 College Contribution) If over age 55 catch up contribution may amount to but not exceed an additional \$1000

CHANGE YOUR PAYROLL DEDUCTION

Effective Date

I would like to CHANGE my current Health Savings Account payroll deduction from \$ _____ per pay period to \$ _____ per pay period. Signature: _____ Date: _____

CANCEL YOUR PAYROLL DEDUCTION

Effective Date

I would like to CANCEL my current payroll deduction of \$ _____ until further notice. Signature: _____ Date: _____

Please Return To: Utica College Office of Human Resources 610 French Road New Hartford, NY 13413