



OFFICE OF HUMAN RESOURCE

VOLUNTARY SALARY REDUCTION – HEALTH SAVINGS ACCOUNT

Please complete the Employee Information section and Health Savings Account information below. Complete only the desired section 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			
Indicate Plan Type	<input type="checkbox"/> Family	<input type="checkbox"/> Individual	
BEGIN PAYROLL DEDUCTION			
Effective Date			
Please DEDUCT \$ _____ each pay period from my paycheck to deposit into my Health Savings Account as written above.			
Signature: _____ Date: _____			
*The maximum deduction allowed for 2012 for an Individual Account is \$1,660 (\$3,100 IRS limit - \$1,440 College Contribution) * The maximum deduction allowed for 2012 for an Family Account (employee plus dependents) is \$3,370 (\$6,250 IRS limit - \$2,880 College Contribution) <i>If over age 55, a catch up contribution up to, but not exceeding \$1000 may be made.</i>			
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 Health Savings Account payroll deduction of \$ _____ per pay period until further notice.			
Signature: _____ Date: _____			
Please return to: Utica College Office of Human Resources 1600 Burrstone Road Utica, NY 13502			