**VOLUNTARY SALARY REDUCTION – HEALTH SAVINGS ACCOUNT 2013**

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

<table>
<thead>
<tr>
<th>Name (Please Print)</th>
<th>Date</th>
</tr>
</thead>
</table>

### 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 2013 for an Individual Account is $1,810 ($3,250 IRS limit - $1,440 College Contribution)

* The maximum deduction allowed for 2013 for an Family Account (employee plus dependents) is $3,570 ($6,450 IRS limit - $2,880 College Contribution)

*If over age 55, a catch up contribution up to, but not exceeding $1000 may be made.*

### 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