VOLUNTARY SALARY REDUCTION – HEALTH SAVINGS ACCOUNT 2016

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.

<table>
<thead>
<tr>
<th>EMPLOYEE INFORMATION</th>
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<tbody>
<tr>
<td>Name (Please Print)</td>
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<td>Date</td>
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**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 2016 for an Individual Account is $1,910 ($3,350 IRS limit - $1,440 College Contribution)
* The maximum deduction allowed for 2016 for an Family Account (employee plus dependents) is $3,870 ($6,750 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: __________________________