

Health Savings Account (HSA) Contribution Options & Salary Reduction Agreement

By my signature below, I certify that I am enrolled in a HSA-qualified High Deductible Health Plan (HDHP) at Mt. Hood Community College (MHCC) and am not covered under any other plan that would disqualify me from opening or contributing to a Health Savings Account. I also understand that if my enrollments change and I am no longer qualified to contribute to a HSA account that it is my responsibility to notify MHCC to stop my deductions.

Requested* Effective Date: _____

*Date must be on or after the first day of your HDHP coverage. Forms submitted after payroll deadline will be effective the following pay period.

I elect to make a new contribution to my HSA through a pre-tax salary reduction and authorize MHCC to deduct the amounts as indicated from my salary and forward the funds to HSA Bank to be deposited in my HSA.

Ongoing Monthly Contribution: \$ _____

One-time Contribution: \$ _____

I elect to change my current monthly HSA contribution to:

Ongoing Monthly Contribution: \$ _____

I elect to discontinue my current HSA contribution

Note: Your Total Annual Employee Election along with contributions from any other sources, including your employer, may not exceed the Annual Maximum Contribution amount set by the IRS. By signing below you understand that it is your responsibility as the employee to ensure that you do not exceed IRS maximums. Contribution limits for the current tax year can be found at: www.hsabank.com or by visiting the IRS site at: www.irs.gov. Additionally, investment accounts are not FDIC insured, may lose value and are not a deposit or other obligation of, or guarantee by the bank.

Employee Information:

Employee Name: _____

SSN: _____

Employee Address: _____

City: _____ State _____ Zip Code: _____

Employee signature

Date:

** Return completed form to: benefits@MHCC.edu