

Berea College

Health Savings Account Salary Reduction Agreement

Please complete this form in order to authorize pre-tax payroll contributions be withheld from your payroll and deposited into a Health Savings Account (HSA) in your name.

By THIS AGREEMENT, made between _____ (*employee*) and Berea College (the College), the parties hereto agree as follows:

Effective with pay period ending _____, the above named employee agrees to a ***salary reduction of \$_____ per pay period*** as a contribution to a Health Savings Account (HSA). The College will remit the funds to a HSA in the name of the employee maintained at HealthEquity.

-OR-

A **One-Time Salary Reduction** of \$_____, effective ____/____/_____.

This Agreement shall remain effective for as long as the employment relationship between the employee and the College exists; provided, however, that employee may terminate the Agreement as of the end of any month by giving advance written notice to the College as of the date of Agreement termination.

Employee Name: _____ *B#:* _____

Address: _____ *Date:* _____

Berea College Administrative Use Only

Name: _____ *Title:* _____

Date: _____