

**ALMA COLLEGE
HEALTH SAVINGS ACCOUNT
Salary Reduction Form**

PERSONAL INFORMATION

First Name

Last Name

Social Security Number

Address

City, State, Zip

Phone Number

Date of Birth

Date of Hire

Effective Date

HEALTH SAVINGS ACCOUNT CONTRIBUTIONS

(I will be enrolled in the "high deductible health plan and am an "eligible individual", as those terms are defined by the Internal Revenue Code.

Annual Amount

Number of Paychecks

Per Pay Reduction

\$ _____

\$ _____

(I understand that the total contributions to my health savings account cannot exceed IRS limits and that I may prospectively change the amount pursuant to the terms of the Premium Conversion Plan)

AUTHORIZATION (all employees must sign this section).

I hereby authorize my employer to reduce my salary on a pre-tax basis by the amount of my benefit election(s) specified above.

Employee Signature

Date