

**2018 HEALTH SAVINGS ACCOUNT (HSA)  
OPTIONAL SALARY REDUCTION AGREEMENT**



Employee Name: \_\_\_\_\_

Gustavus ID#: \_\_\_\_\_

I wish to contribute \$\_\_\_\_\_ to my HSA account each pay period on a pre-tax basis.  
I understand this amount will be deducted from my paycheck.

I wish to make a single contribution of \$\_\_\_\_\_ to my HSA account on a pre-tax basis.  
I understand this will be deducted from my paycheck one time only for the tax year 2018.

The College will apply the amount of the additional salary reduction to your Health Savings Account.  
Reminder, HSA funds are not forfeited at the end of the year; rather, they continue to grow tax deferred.

By signing below, I elect to reduce my salary in connection with my participation in an HSA.  
I understand that this form will replace any previous elections.

It is my responsibility:

- 1) to determine whether I am eligible to make contributions to my HSA;
- 2) to implement any applicable account investment decisions;
- 3) to determine whether contributions to this HSA have exceeded the applicable maximum annual contribution limit. The limits set by the IRS for 2018 are \$3,450 for single and \$6,900 for family and an additional \$1,000 may be contributed if you have attained age 55.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date