

# 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#:* \_\_\_\_\_

*Date:* \_\_\_\_\_

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### **Berea College Administrative Use Only**

*Name:* \_\_\_\_\_ *Title:* \_\_\_\_\_

*Date:* \_\_\_\_\_