



Department of Human Resources
3640 Colonel Glenn Hwy
Dayton, OH 45435-0001
(937) 775-2120

Health Savings Account Salary Reduction Agreement

The university's Health Savings Account (HSA) program allows eligible employees to receive pre-tax reimbursement for certain medical, dental and vision expenses. Your taxable income reported for both federal and state income tax purposes is reduced by the amount of your HSA contributions.

Name: _____ UID: U _____ Paid Monthly
 Paid Bi-Weekly

Has a Fifth Third HSA Bank Account already been established?

Yes No

SSN: _____

Requested HSA Pre-tax Salary Reduction Amount*:

\$ _____ per pay period for _____ pay period(s)

**Cannot exceed 2009 annual contribution limit of \$3,000 (single)/\$5,950 (family), inclusive of employee and employer contributions. An additional \$1,000 contribution is permissible for employees age 55 or older.*

It is the responsibility of the employee to monitor and maintain the HSA:

- Avoid tax penalties by using health savings account monies to pay for qualified medical expenses only
- Retain records of all HSA account transactions for possible IRS auditing purposes

Your Signature Confirms Your Agreement to the Following:

The HSA pre-tax salary reduction election will be effective the first full pay period following: 1) submission of this form to the Department of Human Resources, and 2) establishment of an HSA Bank Account with Fifth Third Bank. Wright State University maintains no liability regarding the Health Savings Account outside of direct depositing designated funds as requested by the employee. Funds are only available as deposited.

Signature

Date

E-mail address for confirmation: _____

Please ensure salary reduction elections are taken correctly from your pay and contributed to your account by monitoring HSA account activity on www.53.com. If any discrepancies are noted, please contact the Department of Human Resources as soon as possible at (937) 775-2120.

Employer Use Only	Reason for Change:	Date:
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