

2019 HSA Salary Reduction Agreement

1. Complete Part A of this authorization form.
2. Sign at Part B.
3. Return the completed form to Human Resources.

Part A

BY THIS AGREEMENT, made between _____
and Devereux, the parties hereto agree as follows:

The employee's base annual salary will be reduced by the amount indicated below and deposited into their Optum Health Savings Account (HSA). An employee may modify this agreement by completing an updated HSA Salary Reduction Agreement.

I authorize Devereux to initiate credit entries, and, if necessary, to initiate any debit entries to correct a previous credit error, to my Health Savings Account (HSA) held at Optum. I authorize the following credit to be made on a bi-weekly basis:

Credit \$ _____ of my gross pay on a bi-weekly basis.

I would like to front load my account with the following amount \$ _____

I would like the following amount \$ _____ taken out of _____ pay periods.

If you are 55 or older – Catch Up Contribution

I would like to contribute the following catch-up amount \$ _____ (up to \$1,000)

Part B

I understand that this authorization replaces any previous authorization and will remain in effect until my employer receives written notification from me of its termination.

Employee Signature

Date

Employee Social Security Number