2012 Health Savings Account Salary Reduction Agreement

Department of Human Resources
115 Medical Sciences Building
3640 Colonel Glenn Hwy.
Dayton, OH 45435-0001
Tel: (937) 775-2120 Fax: (937) 775-3040

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.

Employee Information:

Last Name:	**First Name, Middle Initial:**		**University ID:**	
Department:	**Social Security Number:**	**Date of Birth:**	**Has a Fifth Third HSA Bank Account been established?**	☐ **Yes** ☐ **No**

Requested HSA Pre-Tax Salary Reduction Amount*:

Beginning with my ☐ **Monthly** ☐ **Bi-Weekly** pay on _____ *(Pay Date)* deduct **$**_____ for _____ *(Number of)* pay periods.

**Cannot exceed 2012 annual contribution limit of $3,100 (single)/$6,250 (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 http://employee.53HSA.com or call the Fifth Third Bank HSA Support Center at (888) 350-5353. If any discrepancies are noted, please contact the Department of Human Resources as soon as possible at (937) 775-2120.

Employer Use Only:	
Annual Employee Contribution Limit:	$
YTD Healthy Rewards (HSR):	$
YTD Employee Contribution:	$
Remaining Employee Contribution:	**$**