

**LIBERTY CENTER LOCAL SCHOOL DISTRICT  
HEALTH SAVINGS ACCOUNT**

**SALARY REDUCTION AGREEMENT**

As an eligible employee under the Liberty Center Local School District Health Savings Account (the "Plan"), I hereby elect the following:

- I elect to have \$\_\_\_\_\_ deducted from each of my [regular] paychecks as an "Elective Contribution" under the Plan. [I acknowledge and agree that no deductions will be taken from my supplemental pay or other special pay.]
  
- I elect that my Elective Contributions under the Plan be paid over to the following Plan account:

Farmers and Merchants State Bank Account #\_\_\_\_\_

I acknowledge and agree that for each calendar year, the amount of my salary deferrals under the Plan will be subject to certain limits that are described in the Plan and the federal tax law; and that my contributions may be limited according to those limits.

I understand that I may amend this Salary Reduction Agreement at any time, by submitting a new Salary Reduction Agreement to the Treasurer's office; and that any amendment to this Agreement cannot be made effective until the first payroll date that is at least 15 days after the date that I file a new Agreement with the Treasurer's office. I understand that I may revoke this Agreement at any time, by submitting a written revocation notice to the Treasurer's office; and that any revocation of this Agreement cannot be made effective until 15 days after the date that I advise the Treasurer's office that I wish to cease making Election Contributions under the Plan.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
(Print Name)