

HSA SALARY DEFERRAL AGREEMENT FORM

Completed forms MUST returned to Payroll.

THIS IS AN AGREEMENT BETWEEN THE EMPLOYED NAMED BELOW AND CHRIST THE KING COMMUNITY CHURCH (CTK).

Employee Name: _____

I ELECT TO PARTICIPATE IN THE HSA PLAN AND AUTHORIZE CTK TO WITHHOLD THE FOLLOWING AMOUNT FROM MY WAGES EACH PAY PERIOD BEGINNING ON THE ELECTION DATE BELOW:

Pre-tax deferral of \$_____ per pay period

This election is to be effective ____/____/____ (mm/dd/yyyy) until I revoke this agreement in writing.

IN EXECUTING THIS AGREEMENT, UNDERSTAND THE FOLLOWING:

- 1) CTK, on my behalf will deduct my desired pay period contribution that is indicated above by which I have reduced my compensation under this agreement, (my elective deferral contribution).
- 2) My elective deferral contributions are not subject to Federal Income Tax.
- 3) I may revoke this agreement at any time by providing CTK with advance notice of my revocation. The revocation will be effective as soon as administratively feasible after CTK receives the notice.

Signature of Employee

Date (mm/dd/yyyy)

Signature of Employer

Date (mm/dd/yyyy)