

Norwich University  
Salary Reduction Agreement Change & Revocation Form  
Health Savings Account

Name: \_\_\_\_\_ ID # A \_\_\_\_\_  
(Please print)

I hereby revise my benefit election and salary reduction agreement under Norwich University's Cafeteria Plan with respect to the Health Savings Account. I agree to reduce my salary by the specified amount, with the reduction spread equally over the remaining pay periods in this plan year, with the understanding that Norwich University will contribute that amount to my Health Savings Account on my behalf.

Check one: \_\_\_\_\_ my H S A \_\_\_\_\_ my spouse's H S A (name \_\_\_\_\_)

Check one:

\_\_\_\_\_ Stop Deduction

\_\_\_\_\_ Change -- Current election: \$ \_\_\_\_\_ /year change to: \$ \_\_\_\_\_ /year

Effective date: \_\_\_\_\_

I have examined this authorization to modify my Salary Reduction Agreement for the Health Savings Account and to the best of my knowledge, it is true, correct, and complete.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

Accepted and agreed to:

\_\_\_\_\_  
Human Resources

\_\_\_\_\_  
Date

Routing: \_\_\_\_\_ HRIS  
\_\_\_\_\_ CFO Spreadsheet  
\_\_\_\_\_ Payroll  
\_\_\_\_\_ Employee File

Maximum for 2009 – including NU contribution:  
Single = \$3,000; 2-P/Family = \$5,950  
Catch up for 55+ = additional \$1,000

1/5/09