

Rutland City Schools
Cafeteria Plan

#3

Election of Benefits Form

Name (Last, First, MI)		Date
Social Security #	Plan Year	
CONTRIBUTION TO THE HEALTH SAVINGS ACCOUNT		
<input type="checkbox"/> I elect to contribute to the Health Savings Account for the plan year. This contribution will be pre-tax (saving federal and state income taxes and FICA taxes) and will be in addition to any Employer's contribution made to this Account.		
1. Amount to be deducted each pay period: \$ _____		
2. Number of pay periods in the Plan Year: x <u>20</u>		
3. Total for Plan Year (1 x 2): \$ _____		
<input type="checkbox"/> I elect NOT to contribute to the Health Savings Account.		
2018 annual contribution limit*: \$3,450 (employee only) or \$6,900 (employee plus one) plus \$1,000"catch-up contribution if age 50 or older		
No contributions for employees age 65 or older if <u>participating</u> in Medicare.		
<i>*Limit includes employee and employer contributions</i>		
I have read and understand the "Other Terms and Conditions Statement" below before signing		
Employee's Signature:		Date:

OPTIONAL

Other Terms and Conditions Statement

I understand that that I am eligible to make contributions to the Health Savings Account under Code Section 223, and the amounts shall be subject to the terms of the Health Savings Account. My election to participate in the Health Saving Account may be changed once a month during the Plan Year with a two week notice of the change to payroll.

This agreement is subject to the terms of the Rutland City Schools Cafeteria Plan, as amended from time to time in effect, shall be governed by and construed in accordance with applicable laws, shall take effect as a sealed instrument under applicable laws, and revokes any prior election and compensation redirection agreement relating to such plan.