

SOUTHWEST GENERAL HEALTH CENTER

**2021 SALARY REDUCTION AGREEMENT  
HEALTH SAVINGS ACCOUNT**

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Employee Number

Circle one:        **Initial Agreement**        **Amended Agreement**

*I agree to the following:*

1. Contribute \$\_\_\_\_\_ or no less than a minimum of \$ .01 per pay of my compensation to my Health Savings Account as part of Southwest Health Savings Account Plan (The Plan). I understand that my contributions shall begin as soon as administratively possible and shall be submitted to Fifth Third Bank.

2021 Annual IRS contributions are limited to \$3,600 for Single Coverage and \$7,200 for Family Coverage (annual catch-up contribution is \$1,000 over age 55).

2. Subject to #3, this agreement shall continue indefinitely until amended or terminated by my completion of another Salary Reduction Agreement.
3. If I terminate my enrollment under the Southwest Health Savings Account Plan, this agreement will automatically terminate.
4. If I terminate employment with Southwest General Health Center or if Southwest General Health Center terminates The Plan, this agreement shall automatically terminate.
5. I understand that:
  - a) this agreement permits me an opportunity to benefit from the provisions of Publication 969 of the Internal Revenue Service Code,
  - b) Southwest General Health Center is not providing tax or investment advice to me,
  - c) record-keeping is not provided by Southwest General Health Center and it is my responsibility,
  - d) There are annual limitations on contributions made to The Plan and my contributions deferred through Southwest General Health Center may not exceed these limits as outlined above.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date