

HSA Agreement

Georgetown Charter Township Health Savings Account

- On this form, you authorize the amount(s) to be contributed from your salary to a Health Savings on your behalf. Please print the information in **black ink**.

1. Staff Member Information

Name (Last, First, Middle Initial)	Address
E-Mail	

2. Effective Date (check one)

FIRST AVAILABLE PAY PERIOD: Elections to enroll, cancel, or change your HSA contribution shall be effective on the next scheduled payroll date after agreement is filed with the payroll department.

FUTURE PAY DATE: _____

3. HSA Contribution Amount

Enroll Change Amount Cancel No Change

1. Enter the amount of compensation you wish to contribute monthly (entire contribution will be deducted the first pay check of the month). This amount will remain in effect until you submit another form or cancel it.

AMOUNT PER MONTH \$ _____

2. HSA Contribution Agreement and Signature

I understand and agree to the following terms and conditions:

This agreement is legally binding and irrevocable between Georgetown Charter Township and myself.

I agree to hold harmless and indemnify Georgetown Charter Township for any and all liability and expenses by it as the result of any misstatement or omission made by me in this Agreement.

This Agreement revokes any previously signed Agreement.

This agreement shall become effective as soon as administratively feasible, with the respect to Georgetown Charter Township compensation not yet earned, but not earlier than the next scheduled payroll after agreement is filed with the Payroll Department.

If Georgetown Charter Township modifies future versions of this Agreement to comply with federal law or regulations, I agree that this agreement shall be administered according to such modified Agreements.

Signature _____

Date _____

Received by Payroll Department _____
Effective Date _____