

# THARCO, INC.

## HEALTH SAVINGS ACCOUNT (H S A) PARTICIPATION AND SALARY REDUCTION AGREEMENT

**EFFECTIVE DATE: January 1, 2015**

1. Participant Identification:

Participant Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. Agreement to Participate and Salary Reduction Agreement

Please indicate below the amount of salary reduction for each pay period during the Plan Year for the Health Savings Account (H S A).

I hereby authorize my employer to reduce my cash compensation as indicated below for each pay period during the Plan Year following the date of this agreement.

H S A Contribution Salary reduction per pay	Number of Pay periods	Annual Election
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{ } H S A (Health Savings Account) \$ \_\_\_\_\_ X \_\_\_\_\_ = \$ \_\_\_\_\_

I understand the following apply to H S A contributions:

- o Contributions can be through payroll deductions or cash deposits
- o Individuals own their H S A's; the individual is responsible for insuring that contributions do not exceed the annual maximum allowed amount
- o Substantiation; the participant (subscriber) is responsible for substantiation (record keeping) for qualified expenditures.
- o *You are allowed to contribute up to the maximum 2015 federal amount of \$3,350 for individual coverage and \$6,650 for family coverage per calendar year. Individuals 55 and over can make an annual catch-up contribution of \$1,000.*

I have examined this agreement and to the best of my knowledge, it is true, correct and complete.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agreed and accepted by the Employer's Representative

\_\_\_\_\_  
Date

**PLEASE RETURN THIS FORM TO YOUR EMPLOYER.**

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(Admin. Only):

Effective Date: \_\_\_\_\_

1<sup>st</sup> Withholding Date: \_\_\_\_\_