



**Health Savings Account
Payroll Deduction Contribution Form**
Plan Year: 01/01/2010 through 12/31/2010

EMPLOYEE INFORMATION

Social Security Number: _____ Concordia ID: _____

Name: _____
(Last, First, MI)

Home Address: _____
_____, _____
(City) (State) (Zip)

Daytime Phone Number (____) _____-_____

ELECTIONS

Health Savings Account

I want to contribute a total of \$ _____ during this Plan Year to my Health Savings Account.
I understand this amount will be deducted from my pay throughout the Plan Year on a pre-tax basis.

I understand that I must complete an application to establish a Health Savings Account with SelectAccount
in order to receive the company contributions and my pre-tax payroll contributions.

I have reviewed the above election and understand my choices will remain in effect for the entire Plan Year.
I understand that I can change the amount or stop my payroll deduction once per month.

Signature

Date

Employer's initials: _____ Date: _____