

SOUTHWEST GENERAL HEALTH CENTER

**2024 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 Health Equity.

2024 Annual IRS contributions are limited to \$4,150 for Single Coverage and \$8,300 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