High Deductible Health Plan (HDHP)
Health Savings Account (HSA) Contribution Form

BY THIS AGREEMENT, MADE BETWEEN _____ (employee) and BRYN MAWR COLLEGE, the parties hereto agree as follows:

Effective with respect to amounts earned on or after _____/_____/_____, which date is subsequent to the execution of this Agreement, the employee's basic salary will be reduced by the amount indicated below and the College will deposit a corresponding amount into the employee's HSA.

In order to make contributions to the HSA, the employee must be enrolled in the College HDHP for the entire duration in which HSA contributions are made. The employee (and family members, if also enrolled in the HDHP) cannot be covered by another group health plan, including a flexible spending account, Medicare or Medicaid, must be 18 years of age or older and cannot be claimed as a dependent on another individual's tax return. The employee must also have completed an application by the HSA vendor used by the College in advance of the execution of this Agreement and will be responsible for any account maintenance fees charged by the HSA vendor.

This Agreement shall be legally binding and irrevocable as to each of the parties hereto while the employment continues; provided, however, either party may change or terminate this Agreement as of the end of any month (or pay period, if applicable), so that it will not apply to salary subsequently earned, by giving written notice of the date of change or termination; and provided further, in the case of an employee who is paid bi-weekly, that no more than one agreement is completed in any given calendar month.

<u>The amount of the salary reduction shall be:</u>

$_____/ pay periodfor the following coverage type (check one) ____ single ____ family

The total annual contribution cannot exceed the IRS stated maximum for the applicable ca