

**LOGANSFORT COMMUNITY SCHOOL CORPORATION**  
**HEALTH SAVINGS ACCOUNT (HSA) SALARY REDUCTION/LCSC CONTRIBUTION**  
**AGREEMENT**

By this agreement made between \_\_\_\_\_ (employee) and Logansport Community School Corporation (employer), the parties hereto agree as follows:

I. With respect to amounts earned, effective \_\_\_\_\_(date) the compensation to be paid by the Employer to the Employee shall be reduced in the following manner:

\$ \_\_\_\_\_ each pay period/ \_\_\_\_\_ pay periods per year (totaling \$ \_\_\_\_\_ annually) payable to

\_\_\_\_Security Federal Savings Bank

\_\_\_\_Beacon Credit Union

\_\_\_\_National City Bank/PNC

\_\_\_\_Horizon Bank

\_\_\_\_Logansport Savings Bank

\_\_\_\_Harris Bank

\_\_\_\_First Farmers Bank & Trust

Account No. \_\_\_\_\_

Check here if you are making a financial institution change. ☐

II. \_\_\_\_\_(Please check) The employee affirms they are not covered by a non-High Deductible Health Plan and accepts responsibility for notifying the Corporation if/when they become covered under another non-High Deductible Health Plan in order that applicable Corporation contributions can be suspended.

III. The employee accepts the responsibility of monitoring HSA contribution amounts. The employee will not hold Logansport Community School Corporation responsible for contributions made in excess of the current tax year's contribution limit (these limits are set annually by the Internal Revenue Service).

IV. This agreement shall continue indefinitely until amended or terminated by either party (subject to the conditions in paragraphs IV and V) by giving at least thirty (30) days' written notice prior to the date of such amendment or termination.

V. If the Employee terminates employment with the Employer, or if the Employer terminates its HSA program, this agreement shall automatically terminate.

VI. With respect to amounts earned while this agreement is in effect, this agreement shall be legally binding and irrevocable as to both parties and shall terminate any prior salary reduction agreement executed between the Employee and the Employer under the HSA program.

VII. Nothing contained in this Agreement shall be deemed to constitute an employment agreement and nothing contained therein shall be deemed to give the Employee any right to be retained in the employ of the Employer.

VII. LCSC employer contributions will be distributed to the institution selected above on behalf of the employee.

IN THE WITNESS WHEREOF the parties hereto have executed this agreement on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Employee

By \_\_\_\_\_  
Employer

Social Security No \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

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