



**MONTGOMERY COUNTY
ADMINISTRATION BUILDING**

451 West Third Street
Dayton, Ohio 45422-1110
www.mcoho.org

COUNTY COMMISSIONERS

Judy Dodge
Deborah A. Lieberman
Carolyn Rice

COUNTY ADMINISTRATOR

Michael B. Colbert

2023 HEALTH SAVINGS ACCOUNT (HSA) ONE-TIME CONTRIBUTION AGREEMENT

This agreement is made between the employee and Montgomery County.

Employee Name

Employee ID#

The employee's salary will be reduced by the amount indicated below as requested by the employee. In turn, Montgomery County will forward the elected amount to the employee's Health Savings Account holding institution.

Please indicate the effective payroll check date and the contribution amount you intend to make.

Pay Date

Contribution Amount

The employee understands that it is their responsibility to monitor salary reduction HSA contributions so as not to exceed the calendar year maximum permitted by the Internal Revenue Service (IRS). The employee further understands that Montgomery County is not responsible for tax consequences as a result of the employee contributing beyond the annual IRS contribution limit.

Employee Signature

Date

Please mail or e-mail the completed form to:

**Human Resources Department, 9th Floor
451 West Third Street
Dayton OH, 45422
E-mail: HR@MCOHIO.ORG**