

Richland-Bean Blossom Community School Corporation

New Authorization _____ Change Prior Authorization as Noted Below _____

Employee Name _____ Last 4 digits of SSN _____

Completion of this form will allow Richland-Bean Blossom Community Schools to deposit "Employer" or SCIST Trust contributions to my Health Savings Account. My election of additional "Employee" contributions may be listed below with a designated annual amount.

Bank Name _____ Transit/ABA Number _____ Health Savings Account Number _____

People's State Bank **074907414** _____

Optional:

I wish to contribute the following annual amount to my health savings account. I understand this amount will be divided between 26 pays per year and deducted from my bi-weekly pay.

Elected ANNUAL contribution amount \$ _____

This authority remains in full force and effect until EMPLOYER has received written notification from me to terminate the instructions herein and has a reasonable opportunity to act on it.

_____ Date _____ Employee Signature _____