

**LOGANSPORT 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

<input type="checkbox"/> Security Federal Savings Bank	<input type="checkbox"/> Beacon Credit Union	<input type="checkbox"/> National City Bank/PNC
<input type="checkbox"/> Salin Bank and Trust	<input type="checkbox"/> Logansport Savings Bank	<input type="checkbox"/> Harris Bank
<input type="checkbox"/> Wells Fargo	<input type="checkbox"/> First Farmers Bank & Trust	
	Account No. _____	

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 _____