

SAM BUSHMAN
Presiding Commissioner
(573) 634-9113

JEFF HOELSCHER
Eastern District Commissioner
(573) 634-9112

KRIS SCHEPERLE
Western District Commissioner
(573) 634-9111



DEBBIE MALZNER
Finance Officer
(573) 634-9162

JILL LAHUE
County Counselor
(573) 634-9110

CHELSEA KIRCHNER
Sr. Finance Assistant
(573) 634-9109

Cole County Commission

311 East High Street, Jefferson City, MO 65101
(573) 634-9110 FAX (573) 634-8031

SALARY AUTHORIZATION AGREEMENT

HEALTH SAVING PLAN (HSA)

Employee Name: _____
(PLEASE PRINT)

Start Payroll Deduction: _____
(Date)

Stop Payroll Deduction: _____
(Date)

COUNTY'S CONTRIBUTION \$ 93.12 per month
(Amount)

EMPLOYEE'S CONTRIBUTION \$ _____
(Bi-Weekly Amount- 24 pay periods)

I AUTHORIZE MY EMPLOYER TO DEDUCT THE EMPLOYEE CONTRIBUTION AMOUNT ON A PRE-TAX BASIS FROM MY PAY. THE FUNDING IS TO BE DEPOSITED INTO MY HSA ACCOUNT. THE SALARY REDUCTION ELECTION IS SUBJECT TO THE TERMS AND CONDITIONS OF MY EMPLOYER'S CAFETERIA PLAN (INCLUDING ANY RESTRICTIONS ON CHANGING PRE-TAX ELECTIONS.)

Employee Signature

Date