

**SAMBUSHMAN**  
Presiding Commissioner  
(573) 634-9113

**JEFF HOELSCHER**  
Eastern District Commissioner  
(573) 634-9112

**HARRY OTTO**  
Western District Commissioner  
(573) 634-9111



**DEBBIE MALZNER**  
Finance Officer  
(573) 634-9162

**JILL LAHUE**  
County Counselor  
(573) 634-9110

**CHELSEA KIRCHNER**  
Finance Assistant  
(573) 634-9109

## *Cole County Commission*

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

# SALARY AUTHORIZE 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 \$ \_\_\_\_\_  
(Amount)

**I AUTHORIZE MY EMPLOYER TO DEDUCT THE EMPLOYEE CONTRIBUTION AMOUNT ON A PER-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