

Employee Name _____
 ICMA ____ HSA ____

**CHITTENDEN SOLID WASTE DISTRICT
 REQUEST FOR
ELECTIVE PAYROLL DEDUCTIONS FOR TAX-ADVANTAGED SAVINGS ACCOUNTS**

To the Employee: Use this form to provide instructions to CSWD Finance Department for elective deductions from your paycheck for tax-advantaged deposits, as follows:

- A. ICMA Retirement Account (457 Deferred Compensation), or
- B. Health Savings Account (HSA)

Complete either Section A or Section B, or both, depending on which elective payroll deferrals you select.

A. ICMA Retirement Account Elective Deferral

Note: You must have already established an ICMA-RC deferred compensation plan account. If not, first complete the 457 Employee Enrollment Form and submit to Amy Jewell, before elective deferrals can begin.

I authorize CSWD to defer \$_____ from my pay each pay period, to be contributed to my ICMA-RC account. Change will be effective with the first pay date following receipt in Finance of the fully-completed form. *Keep a copy of this form for your records.*

Employee Signature

Date

B. Health Savings Account (HSA) Elective Deferral

Annual deferral limit: Your elective HSA deferral amount *plus the amount contributed by CSWD to your HSA* is limited by IRS regulations; please verify that you will not be exceeding these limits.

I authorize CSWD to defer \$_____ from my pay each pay period, to be contributed to my Health Savings Account, as shown below. Change will be effective with the first pay date following receipt in Finance of the fully-completed form. *Keep a copy of this form for your records.*

Employee Signature

Date

Deductn Seq	Add, Delete, Change (circle one)			Bank Name	Routing Number (must be 9 digits)	Account Number	\$ Amount
HSA_EE	A	D	Chg Amt Only				

Remember to keep a copy of this completed form for your records; turn completed form into the Finance Department

Revised Date: 12/03/12