



The University of Vermont

Retirement Health Savings Plan Election Form

Use this form to start, stop or change the amount of your **personal** contributions to the UVM Retiree Health Savings Plan. Before completing this form, please read the Summary Plan Description which can be found at www.uvm.edu/hrs/rhsp.

Complete and return this form to: Human Resource Services, Waterman Building, Room 228.

I. EMPLOYEE INFORMATION

<i>Last Name</i>	<i>First Name</i>
<i>Mailing Address</i>	<i>City</i>
<i>Date of Birth</i>	<i>Date of Hire</i>
<i>State</i>	<i>Zip Code</i>
<i>Daytime Phone #</i>	

II. START OR CHANGE CONTRIBUTIONS

To start or change the amount of your **after-tax** contributions to the UVM Retiree Health Savings Plan, enter the dollar amount of salary per pay period that you wish to contribute to the Plan (minimum \$25 per pay period). You may start or change your contributions at any time.

_____ Dollar amount you wish to contribute each pay period to the UVM Retiree Health
Amount
 Savings Plan, effective: _____
Date

III. STOP CONTRIBUTIONS

To stop contributions to the UVM Retiree Health Savings Plan, check the box below. Your contributions will stop no later than the second pay cycle after Human Resource Services receives this form.

Discontinue my contributions, effective _____
Date

IV. SIGNATURE

<i>Employee Signature</i>	<i>Date Signed</i>
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