

**Utah State University  
Retirement Healthcare Savings Plan Election Form**

---

Use this form to start, change or stop the amount of your contributions to the Utah State University Retirement Healthcare Savings Plan. Before completing this form, you are encouraged to read the Summary Plan Description for information on the Retirement Healthcare Account.

Complete and return this form to the Office of Human Resources at UMC 8800.

---

**I. EMPLOYEE INFORMATION**

---

Name (Last)	(First)	(Middle)
-------------	---------	----------

---

Mailing Address	City	State	Zip Code
-----------------	------	-------	----------

---

SSN#	Date of Birth	Daytime Phone Number
------	---------------	----------------------

**II. START OR CHANGE CONTRIBUTIONS**

To start or change the amount of your contributions to the Retirement Healthcare Savings Plan, enter the percentage of your salary per pay period or dollar amount per pay period that you want to contribute. You may start or change your contributions at any time. Employee contributions are made on an after-tax basis.

\_\_\_\_\_ Percentage of salary per pay period to be deducted and contributed to the Retirement Healthcare Savings Account

\_\_\_\_\_ Dollar amount to be deducted per pay period to be contributed to the Retirement Healthcare Savings Account

Effective date \_\_\_\_\_

**III. STOP CONTRIBUTIONS**

To stop contributions to the Utah State University Retirement Healthcare Savings Plan, check the box below. Your contributions will stop no later than the second pay cycle after the Office of Human Resources receives this form.

Discontinue my contributions to the Retirement Healthcare Savings Account, effective:

\_\_\_\_\_ Date

**IV. SIGNATURE**

---

Employee Signature	Date Signed
--------------------	-------------