

**High Deductible Health Plan (HDHP)
Health Savings Account (HSA) Contribution Form**

BY THIS AGREEMENT, MADE BETWEEN _____
(employee) and BRYN MAWR COLLEGE, the parties hereto agree as follows:

Effective with respect to amounts earned on or after ____/____/____, which date is subsequent to the execution of this Agreement, the employee's basic salary will be reduced by the amount indicated below and the College will deposit a corresponding amount into the employee's HSA.

In order to make contributions to the HSA, the employee must be enrolled in the College HDHP for the entire duration in which HSA contributions are made. The employee
