Health Savings Account (HSA)  
Participation and Salary Reduction Agreement  
Plan Year: January 1, 2013 through December 31, 2013

Employee Name: ________________________________  ID#: __________________

BY THIS AGREEMENT, made between the named above (the “Employee”), and the University of Hartford (the "Institution"), the parties hereto agree as follows:

Effective January 1, 2013, the Employee elects to enroll into the Health Savings Account (HSA) and authorizes the Institution to deduct the elected amount on a pre-tax basis as identified below:

Please check your number of pay periods in the Plan Year: 20 [  ] 26 [  ]

<table>
<thead>
<tr>
<th>Salary Reduction Per Pay</th>
<th>Number of Pay Periods</th>
<th>University Contribution (prorated)</th>
<th>Annual Election</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Individual Account</td>
<td></td>
<td>+ 750</td>
<td></td>
</tr>
<tr>
<td>*annual maximum $3,250</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>includes University contribution</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

[ ] Family Account
|                       |                       | + 1500                               |                 |
| *annual maximum $6,450 |                       |                                    |                 |
| includes University contribution |

[ ] * For Employee age 55 and older, an additional catch up contribution of $1,000 can be contributed and is included in the total amount of salary reduction identified above.

The Employee assumes responsibility to ensure that the total amount of Employee and Employer contribution* shall produce a total contribution that does not exceed the Employee’s statutory contribution maximum allowance under the IRS.

My signature below indicates that I have read and understand this election form and the descriptive material(s) provided.

____________________________________  ______________________________________
Employee Signature  Human Resources Development (HRD) Representative

____________________________________
Date

HRD USE ONLY:
Initials: ___________  Date: ___________
[ ] Catch-up verification
[ ] IRS contribution maximum verified
[ ] PAN Completed