

Health Savings Account

ELECTION AND CHANGE FORM 2019

You must be a participant in the Company's group insurance plan to participate in the Health Savings Account benefit. New employees complete this form to initiate set up of your Health Savings Account. Existing employees complete this form to elect deductions into 2019 or to make changes to your existing election.

Employee Information

Name

Application and Agreement

I elect to have \$_____ withheld from **each payroll check** and added to my Health Savings Account. This is in addition to the amount the company will contribute for me to the Health Savings Account.¹ This election may be changed or rescinded at any time. Ten days notice is required to effect the change. Refer to chart below for maximum contribution amounts.

I understand this plan in no way forms a guarantee or contract for employment between myself and Bud Mahas Construction, Inc.

Signature

Date

The company contributions for 2019 are as follows:

| | Single | Family |
|-------------------------------------|---------------|---------------|
| Per year, prorated for partial year | \$1,000.00 | \$2,750.00 |
| Per quarter ^{1 2} | \$250.00 | \$687.50 |

Maximum allowed contribution above company contribution

| | Single | Family |
|----------|---------------|---------------|
| Per year | \$2,500.00 | \$4,250.00 |
| Per week | \$47.11 | \$79.80 |

Annual catch up if over 55 can be added to the above amounts

| | |
|-----------------------------------|------------|
| Per year (per individual over 55) | \$1,000.00 |
| Per week | \$19.23 |

¹ Refer to paragraph 6 of the Medical Insurance Plan dated January 1, 2011 for restrictions.

² Contributions will be made at the beginning of each calendar quarter for those employed on the first and last day of the previous calendar quarter. The annual contribution will be prorated based on the number of months of insurance coverage during the calendar year under this plan.