

## Retire PHQW 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 .

Co	omplete and return this form to:	Human Resource Services, Waterman Building, Ro	om 228.
I.	EMPLOYEE INFORMATION		
	B B B <u>B B B</u>		
	DVW 1DPH/	)LUVW 1DPH	
			=LS &RGH
	Dollar amount y this form.	ou wish to contrcontributions will stop no later than the	e second pay cycle after H
	Discontinue my contrib	outions, effective  Date	
IV	. SIHc ptiAr		

## **HUMAN RESOURCE SERVICES**