

## HSA Eligibility Form

To be an eligible individual and qualify for a Health Savings Account (HSA), you must meet the following requirements.

- You are covered under a high deductible health plan (HDHP), on the first day of the month.
- You have no other health coverage except what is permitted by the IRS.
- You have no other financial benefits (such as an employer-sponsored Family Savings Plan) that would prevent you from contributing to an HSA.
- You have no other individual, healthcare.gov coverage
- You aren't enrolled in Medicare, TRICARE or TRICARE for Life.
- You can't be claimed as a dependent on someone else's tax return.

- By checking this box, I am confirming I meet the above requirements to qualify for personal and District contributions to a HSA.
- By checking this box, I am confirming I **DO NOT** meet the above requirements to qualify for personal and District contributions to a HSA.

### ***Medicare Eligible Employees Only***

Please check the appropriate bullet point below:

- I plan to enroll in Medicare upon initial eligibility. I acknowledge this means I, nor the District, will be eligible to make contributions to my HSA account as of the date Medicare becomes effective.

Medicare Effective Date: \_\_\_\_\_

- I do NOT plan to enroll in Medicare upon initial eligibility. I wish to continue to receive HSA contributions from the District and/or make personal contributions to the account.

**It is your responsibility to notify the Benefits Coordinator if you are no longer eligible to receive or make HSA contributions. Failure to do so will cause IRS tax issues. It is also your responsibility to notify the Benefits Coordinator if circumstances changes and you become eligible for HSA contributions.**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Employee Name (print)

\_\_\_\_\_  
Date