## Certification of HSA Eligibility

Name:_____ SS#: _____

Address:_____ City:_____ State:_____ Zip:_____

Only individuals who meet certain requirements are eligible to make or receive contributions to a health savings account (HSA). The purpose of this form is to confirm that you meet those requirements and are eligible to make and receive contributions to an HSA.

**Please note:** Your employer will rely on this certification in making contributions to an HSA on your behalf. Please complete it carefully. If you have any general questions regarding the form, please contact Laura Cannon at Berkley School District. For specific questions regarding your personal situation, please consult your tax advisor. You must be able to satisfy each element to be eligible for contributions. Please retain a copy of this form with your important tax records.

Please read and initial each of the following items:

1. **High deductible major medical coverage**.
   I have ☐ self-only OR ☐ family coverage under the MESSA ABC Plan ("HDHP"), which I understand qualifies as a high deductible health plan under Code § 223. *For more information, see paragraph A on the attached page.* *Initial* _____

2. I can not be claimed as a dependent on another person's federal tax return. *Initial* _____

3. I am not enrolled in Medicare. *Initial* _____

4. I am not covered under any of the following "other" types of health coverage:
   - Comprehensive coverage (other than HDHP described in 1. above), including through my spouse's employer (i.e., double covered). *For more information, see paragraph C on the attached page.* *Initial* _____
   - Medical reimbursement account under my employer's cafeteria plan. *Initial* _____
   - Medical reimbursement account under the cafeteria plan of my spouse's employer. *For more information, see paragraph C on the attached page.* *Initial* _____
   - Health reimbursement arrangement ("HRA") sponsored by my employer. *Initial* _____
   - Health reimbursement arrangement ("HRA") sponsored by a prior employer. *Initial* _____
   - Health reimbursement arrangement ("HRA") sponsored by the employer or former employer of my spouse. *For more information, see paragraph C on the attached page.* *Initial* _____
   - Covered under any other coverages other than "permitted" coverages. *Initial* _____

   "Permitted" coverages include coverages for liability, accidents, disability, specific diseases, fixed indemnity, dental care, vision care, and long-term care. *For more information, see paragraph B on the attached page.*

By signing this form and returning it to my employer, I certify that all of the statements above are true. ***I understand that I am not eligible for HSA contributions during any month in which I do not meet all of the above HSA eligibility conditions*** and I agree that if I cease to meet any of these conditions I will notify my employer and HealthEquity at 877.218.3432. I also understand that my employer's HSA contributions and my own HSA contributions (if any) are subject to certain aggregate limits under federal tax law.

_____
Employee Signature

_____, 202__
Date

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*For office use only*
Received by: _____
Date: _____

### *A. HDHP coverage is health coverage that meets the following requirements:*

- *Self-Only Coverage:* Self-only coverage is coverage of one individual. To qualify as HDHP coverage, it must have a deductible of at least $1,600 (as indexed for inflation) before any reimbursement is made for eligible medical expenses (other than preventive care). In addition, the sum of the deductible and other annual out-of-pocket expenses that the insured is required to pay (such as co-pays and co-insurance, but not premiums) cannot exceed $8,050 (as indexed for inflation).

- *Family Coverage:* Family coverage is any coverage other than self-only coverage. Family HDHP must have a deductible of at least $3,200 (as indexed for inflation) before any reimbursement is made for eligible medical expenses (other than preventive care). No amounts can be paid (other than for preventive care) until the minimum required family deductible has been satisfied (i.e., there cannot be an individual deductible within the family deductible that is less than the required minimum of $3,200, as indexed for inflation). In addition, the sum of the deductible and other annual out-of-pocket expenses that the insured is required to pay (such as co-payments and co-insurance, but not premiums) cannot exceed $16,100 (as indexed for inflation).

### *B. Permitted non-HDHP insurance or coverage is:*

- insurance in which substantially all of the coverage relates to liabilities incurred under workers' compensation laws, tort liabilities, liabilities relating to ownership or use of property (e.g., home-owner or auto insurance), or similar liabilities as specified by the IRS;

- insurance for a specified disease or illness (e.g., cancer insurance);

- insurance that pays a fixed amount per day (or other period) of hospitalization (e.g., hospital indemnity insurance); or

- coverage for accidents, disability, dental care, vision care, or long-term care, including some medical reimbursement accounts and health reimbursement arrangements (HRAs) (e.g., limited purpose medical reimbursement accounts and HRAs, suspended HRAs, post-deductible medical reimbursement accounts and HRAs, and retirement HRAs) and some wellness programs and employee assistance programs (e.g., those that do not provide significant benefits in the nature of non-preventive medical care or treatment).

### *C. Special Rule for Married Individuals:*

- If your spouse has family coverage under another plan and you are covered by it, that coverage must qualify as HDHP coverage in order for you to be eligible for HSA contributions. For example, if your spouse has family coverage under an HMO or a low-deductible medical plan, then you would be ineligible for HSA contributions. You would also be ineligible for HSA contributions if your spouse participates in a medical reimbursement plan or health reimbursement arrangement that reimburses expenses incurred by a participant's spouse. In addition, the amount of your HSA contributions may be limited if your spouse has HDHP family coverage.