Coatesville Area School District

HSA ELIGIBILITY DETERMINATION / PRE-TAX SALARY REDUCTION ELECTION FORM

First Name   MI   Last Name

Social Security # ☐☐☐ - ☐☐ - ☐☐☐☐

I understand that if I meet the eligibility standards as defined by the IRS, my employer may contribute to a Health Savings Account (HSA). I may also elect to make pre-tax contributions to my HSA through payroll reductions. These pre-tax contributions are available under my employer's Section 125 Plan. When making this election, I further understand the 2019 contribution limits for HSAs are $3,500 for Employee Only Plans and $7,000 for Family Plans (with a catch-up provision for participants age 55 years and older of an additional $1,000 over the respective category limit). This maximum contribution level is the sum of employer and employee contributions.

Please make your election below, then sign and date your form and submit it to the Business Administration Department:

I certify that I meet the following requirements and thus am eligible to establish and contribute to a Health Savings Account (HSA):

- I am or will be enrolled in Qualified High Deductible Health Plan
- I am not enrolled as a dependent in a non-QHDHP coverage
- I am not enrolled in Medicare (Including active employees enrolled in Medicare Part A)
- I am not enrolled in TriCare
- I am not claimed as a dependent on another person's tax return
- I nor my spouse are enrolled in a Medical Flexible Savings Account (FSA)

I understand that I must maintain the eligibility requirements for the current benefit period to remain eligible to **receive and make contributions** to my Health Savings Account. If during the year, I become ineligible for the HSA, I must notify the District Office immediately.

☐ I elect to make pre-tax contributions to my HSA in the amount of $_____ per pay period, effective _____ and continuing until I change my election. I understand that my election is prospective only and that the contribution(s) I have elected will be made with pre-tax salary reductions and that such reductions reduce my compensation for Social Security benefit purposes.

☐ I am eligible, as defined by the IRS, to receive employer contributions to my Independence Blue Cross Blue Shield HSA; however I am declining the option to make pre-tax contributions to my HSA at this time.

_____   _____
Employee Signature   Date