
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.

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 your employer. For specific questions regarding your personal situation, please consult your tax advisor. You must be able to satisfy each element listed below 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 my employers group health plan, which I understand qualifies as a high deductible health plan under Code § 223, or another qualifying high deductible health plan ("HDHP"). *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 or entitled to Medicare benefits.

Initial _____

4. I am not covered under any of the following "other" types of health coverage:

- Comprehensive coverage (other than the HDHP described in 1 above), including coverage through my spouse's employer (i.e., double coverage). *For more information, see paragraph B on the attached page.*
- Medical reimbursement account ("health FSA" or "flex" account) under my employer's cafeteria plan, except HSA compatible coverage. *For more information, see paragraph C on the attached page.*
- Medical reimbursement account under the cafeteria plan of my spouse's employer, except HSA compatible coverage. *For more information, see paragraphs B and C on the attached page.*
- Health reimbursement arrangement ("HRA") sponsored by my employer or a former employer, except HSA compatible coverage. *For more information, see paragraph C on the attached page.*
- Health reimbursement arrangement ("HRA") sponsored by the employer or former employer of my spouse, except HSA compatible coverage. *For more information, see paragraphs B and C on the attached page.*
- Covered under any other coverage, except "permitted" coverages. *For more information, see paragraph D on the attached page.*

Initial _____

Initial _____

Initial _____

Initial _____

Initial _____

Initial _____

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 immediately notify my employer, in writing. 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

_____, 20____
Date

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 \$1,100 (for 2007, 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 \$5,500 (for 2007, 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 \$2,200 (for 2007, 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 \$2,200, 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 \$11,000 (for 2007, as indexed for inflation).

B. 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 is not employee-only or employee plus children coverage (i.e., the plan reimburses expenses you incur). In addition, the amount of your HSA contributions may be limited if your spouse has HDHP family coverage.

C. HSA compatible medical reimbursement accounts and health reimbursement arrangements are:

- medical reimbursement account ("health FSA" or "flex" account) coverage during a grace period where the account balance at the end of the plan year preceding the grace period was zero;
- limited purpose health FSAs and post-deductible health FSAs; and
- limited purpose health reimbursement arrangements (HRAs), suspended HRAs, post-deductible HRAs, and retirement HRAs.

D. Permitted non-HDHP insurance or coverage is:

- insurance under 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 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).