

# FREEDOM AREA SCHOOL DISTRICT

## HSA ELIGIBILITY DETERMINATION / PRE-TAX SALARY REDUCTION ELECTION FORM – Coverage for January 1 – December 31, 2021

First Name	MI	Last Name
Social Security #		

I understand that if I meet the eligibility standards as defined by the IRS, my employer may make a contribution to my 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 2021 contribution limits for HSAs are \$3,600 for Employee Only Plans and \$7,200 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 Payroll Office:**

I certify that I meet the following requirements and thus am eligible to have 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) or Health Reimbursement Account (HRA)
- I am not receiving Social Security or Railroad Retirement Board Benefits and enrolled in Medicare Part A.

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.

I am **not eligible**, as defined by the IRS, to be enrolled in a Health Savings Account.

I **am eligible**, as defined by the IRS, to be enrolled in a Health Savings Account, and I elect to have deducted \_\_\_\_\_ 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 be enrolled in a Health Savings Account and to receive employer contributions to my HSA; however, I am declining the option to make pre-tax contributions to my HSA at this time.

Employee Signature

Date