

Employee Certification of HSA Eligibility

Employee Name: _____ Birth Date: _____

I understand to be eligible for [Employer Name] to contribute to a health savings account (HSA) on my behalf, I must meet *all** of the following HSA eligibility conditions:

1. I **have** self-only coverage **OR** two-person/parent/child(ren) or family coverage under the VEHI Gold CDHP (the Health Plan), which I understand qualifies as an HSA compatible health plan under Internal Revenue Code §223(c)(2).
2. I **cannot be claimed** as another person's tax dependent.
3. I am **not entitled** to Medicare benefits.
4. I am **not eligible** for Tricare benefits.
5. I am **not entitled** to benefits under the V.A. **OR** I am entitled to benefits under the V.A. and I have a V.A. **disability rating**.
6. If I have any health coverage **in addition to** my coverage under the Health Plan, that coverage is either:
 - a. HSA compatible CDHP coverage (*see paragraph A on the reverse side of this form*); or
 - b. permitted **non**-CDHP insurance or coverage (*see paragraph B on the reverse side of this form*).

Examples of impermissible coverage that would make me ineligible include coverage under:

- my spouse's or domestic partner's **non**-CDHP health plan,
- any general-purpose medical flexible spending arrangement (medical FSA), including my spouse's medical FSA (limited purpose FSA is permitted) , or
- a general-purpose health reimbursement arrangement (HRA).

By signing this form and returning it to the Employer, I certify that all of the statements above are true. I agree that I will notify the Employer immediately in writing if I cease to meet any of these conditions. I also understand that the Employer will make contributions to an HSA on my behalf on the basis of my certification and that the Employer's HSA contributions and my own HSA contributions (if any) are subject to certain aggregate limits under federal tax law.

If there is any change to my HSA eligibility, I must notify my employer of the change as soon as possible and not later than 30 days after the event.

_____, 20____
Employee Signature Date

**Note: If the employer agrees, through the collective bargaining process where applicable, to contribute to an HSA of an employee not enrolled in the employer HSA-qualified health plan but enrolled in another CDHP HSA-qualified health plan, language should be added to include this option on the certification form. In addition, the employer should require certification as well as documentation that the other coverage is an HSA-qualified plan, and require the employee provide the employer prompt notice if this other coverage terminates and/or is no longer an HSA-qualified plan, therefore making the employee ineligible for HSA contribution.*

Certification of HSA Eligibility, cont.

A. CDHP Coverage Is Health Coverage That Meets the Following Requirements:

- **Self-Only Coverage:** Self-only coverage is coverage of one individual. To qualify as CDHP coverage, it must have a deductible of at least \$1,350 for 2019 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 covered employee is required to pay (such as copays and coinsurance, but not premiums) cannot exceed \$6,750 for 2019.
- **Family Coverage:** Family coverage is any coverage other than self-only coverage. Family CDHP coverage must have a deductible of at least \$2,700 for 2019 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 \$2,700 for 2019). In addition, the sum of the deductible and other annual out-of-pocket expenses that the covered individual is required to pay (such as copayments and coinsurance, but not premiums) cannot exceed \$13,500 for 2019 (no single person can be required to pay more than \$6,750).

B. Permitted Non-CDHP Insurance or Coverage Includes the Following:

- insurance under workers' compensation laws, tort liabilities, homeowner or auto insurance, or similar liability insurance;
- insurance for a specified disease or illness (e.g., cancer insurance policy);
- 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.
- limited purpose flexible spending account (LPFSA)

IMPORTANT NOTICE

The information provided is general in nature and is not intended, nor should it be construed as, legal or tax advice. Since the administration of an HSA is a taxpayer (your) responsibility, you are also encouraged to review information available from the Internal Revenue Service (IRS) for taxpayers, which can be found on the IRS Web site at <https://www.irs.gov/>. You can find **IRS Publication 969, Health Savings Accounts and Other Tax-Favored Health Plans**, <https://www.irs.gov/pub/irs-pdf/p969.pdf> and **IRS Publication 502, Medical and Dental Expenses**, <https://www.irs.gov/pub/irs-pdf/p502.pdf> online or you can call the IRS to request a copy of each at 800-829-3676.