Office of Human Resources

Phone 952.681.6440
Fax 952.681.6449

Educational Services Center
1350 West 106th Street
Bloomington, MN 55431-4126

www.bloomington.k12.mn.us

HEALTH SAVINGS ACCOUNT (HSA) FORM

Complete the information below and return form to Human Resources, attention: Vickie Hepler, phone 952-681-6444 or e-mail vhepler@isd271.org. Please allow 10 business days for changes to be processed.

<table>
<tr><td rowspan="3">Eligibility</td><td>☐ ELIGIBLE: I certify that I am eligible for an HSA and the District HSA contribution (see conditions below). If this is a new HSA, my HSA will begin on the first of next month. Optionally, if I want to start or modify my employee contributions, I will complete the Employee Payroll Contribution section below.
<u>CERTIFICATION OF ELIGIBILTY</u>
I understand that, in order for the District to contribute to a HSA on my behalf through the HSA Contribution Plan, I must meet <u>all</u> of the following HSA eligibility conditions:
1. I have single, E+1, or family high deductible health plan (HDHP) coverage under the District group health insurance program, which I understand qualifies as a HDHP under IRS Code § 223(c)(2).
2. I can<u>not</u> be claimed as another person's tax dependent.
3. I have <u>not</u> received Medicare or TriCare benefits. I have <u>not</u> received VA benefits in the last three months except for a service connected disability.
4. I have health coverage <u>only</u> through the District. If I have health coverage elsewhere, that coverage is either: (a) HDHP coverage (see paragraph A on following page); or (b) permitted non-HDHP coverage (see paragraph B on following page).
5. I do <u>not</u> currently have a Medical Expense Flexible Spending Account (Medical FSA) from a previous job.
6. If I am married, I am <u>not</u> covered by my spouse's health insurance, unless it is a qualifying HDHP (see paragraph C on following page for explanation and exceptions).
7. If I am married, my spouse does <u>not</u> have a Medical FSA (see paragraph C on following page for explanation and exceptions).</td></tr>
<tr><td>☐ INELIGIBLE: I am <u>not</u> eligible for an HSA account.</td></tr>
<tr><td>☐ LOSING ELIGIBILITY: I currently have an HSA account, but effective _____ (date), I will be <u>no longer</u> eligible. I realize the district contribution and my employee payroll contribution (if previously selected) will cease and I will be responsible for any fees associated with my HSA account, if any.</td></tr>
<tr><td rowspan="2">OPTIONAL

Employee Payroll Contribution</td><td>☐ EMPLOYEE CONTRIBUTION-PER PAYCHECK: I would like to start or change my employee HSA payroll contribution. Please deduct $_____ per paycheck, beginning with my paycheck on _____ (date). I will allow 10 business days for processing.</td></tr>
<tr><td>☐ EMPLOYEE CONTRIBUTION-LUMP SUM: I would like to make a one-time lump sum contribution to my HSA. Please deduct $_____ from my paycheck on _____ (date). I will allow 10 business days for processing. My current HSA payroll deduction, if any, will continue, unless I indicate otherwise.</td></tr>
<tr><td>Name or Address Change</td><td>The individual account owner must change name and address information; the District cannot make name and address changes for HSA accounts. I will log on to my Health Equity account (www.healthequity.com) and click on "profile" to change this information or call Health Equity Customer Service at 866-346-5800.</td></tr>
</table>

By signing this form and returning it to Human Resources, 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 I will notify Human Resources immediately in writing, if I cease to be eligible. I also understand that the District will make contributions to an HSA on my behalf on the basis of my certification and that the District HSA contributions and my employee HSA contributions (if any) are subject to certain aggregate limits under federal tax law (see following page).

My Signature	Print Name	Employee #	Date

IRS REGULATIONS (Current as of January, 1, 2026)

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

- **Self-only (Single) Coverage**: Self-only coverage is coverage of one individual. To qualify as HDHP coverage, it must have a deductible of at least $1,700 for 2026 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 $8,500 for 2026.
- **Family (and E+1) Coverage**: Family coverage is any coverage other than self-only coverage. Family HDHP must have a deductible of at least $3,400 for 2026 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. In other words, there cannot be an individual deductible within the family deductible that is less than the required minimum of $3,400 for 2026. 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 $17,000 for 2026.

B. Permitted non-HDHP insurance:

- 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);
- Coverage for accidents, disability, dental care, vision care, or long-term care;
- Coverage under 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); or
- Coverage under 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 Rules for Married Individuals:

- If your spouse has family coverage under another plan (that includes you), this coverage must qualify as HDHP coverage in order for you to be eligible for HSA deposits. For example, if your spouse has family coverage (that includes you) under an HMO or a low-deductible plan, then you would be ineligible for HSA deposits.
- Similarly, if your spouse has a medical reimbursement plan (HRA, VEBA, MSRS HCSP, MSA, etc.), this disqualifies you from HSA deposits, unless your spouse's plan "excludes" you and all dependents on your HDHP –**or**– your spouse's plan has been "suspended".
- In addition, if your spouse has a medical flex spending account (medical FSA), this disqualifies you from HSA deposits, unless the balance in your spouse's account is zero at the end of your spouse's plan year or grace period (this may be earlier, if so advised by your financial advisor) –**and**– your spouse will not re-enroll in a medical FSA next year.
- In addition, the amount of your total HSA deposits may be limited per IRS regulations, if your spouse has HDHP family coverage and an HSA.