

Springfield School District

Health Savings Account Eligibility

First Name	MI	Last Name									
Social Security #	<table><tr><td>X</td><td>X</td><td>X</td></tr></table>	X	X	X	- <table><tr><td>X</td><td>X</td></tr></table> - <table><tr><td></td><td></td><td></td><td></td></tr></table>	X	X				
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This form is to determine your eligibility for enrollment in a Health Savings Account. Based on the eligibility requirements for a Health Savings Account please check the appropriate box below, sign and date your form and return it to the Human Resources Department.

The following requirements must be satisfied to be eligible to establish a Health Savings Account (HSA) when you enroll in the District's health plan with Health Savings Account:

- I am or will be enrolled in HD-HC (District's health plan).
- I am not enrolled as a dependent in a non-qualified high deductible health plan, which means I can only be enrolled as a dependent in a health plan that offers a Health Savings Account.
- 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.
- Neither I nor my spouse will be enrolled in a Medical Flexible Savings Account (FSA) or Health Reimbursement Account/Arrangement (HRA) on the effect date of the new health plan with the Health Savings Account.

☐

I am eligible, as defined by the IRS, to enroll in a Health Savings Account.

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

Employee Signature

Date