HSA Enrollment Form

Osseo Area Schools

Employee ID

Effective Date: **7 / 1 / 2023**

Last Name	First Name	Middle Init.

Address	City	State	Zip

Primary Phone	Date of Birth (MM/DD/YYYY)	Contract Group
( ) -	/ /	

Social Security Number	Age 55+ **	Email Address (Required)
- -	☐ Yes ☐ No	

** Please mark Age 55+ if you will be at least age 55 on or prior to 12/31/2023

Health Savings Account (HSA) Information

☐ Enroll ☐ Decline Coverage (I do not qualify for the HSA contribution)

Employer Contribution: ☐ Single ($100 contributed per pay period)

☐ Single + 1 or Family ($200 contributed per pay period)

Employee Contribution: $_____per pay period (optional)

Employee contributions may vary from 18 (ESP) to 21 (AESP) payrolls per year depending on the number of pay periods between July 20th and June 20th. Missed summer premiums will be caught up with first payroll when employee returns in the fall.

Enrollment Authorization

The Account Holder named above is establishing this health savings account (HSA) exclusively for the purpose of paying or reimbursing qualified medical expenses of the account holder, his or her spouse, and dependents. The account holder represents that, unless this account is used solely to make rollover contributions, he or she is eligible to contribute to this HSA; specifically, that he or she: (1) is covered under a high deductible health plan (HDHP); (2) is not also covered by any other health plan that is not an HDHP (with certain exceptions for plans providing preventive care and limited types of permitted insurance and permitted coverage);(3) is not entitled to benefits under Medicare (generally, has not reached age 65); and (4) cannot be claimed as a dependent on another person's tax return.

Additionally, I agree:

- To be eligible I cannot also be enrolled in another health plan that would disqualify an HSA contribution.
- My employer and employee contributions cannot exceed the IRS maximum per calendar year.
- I understand that I am required to supply Further with my email address for purposes of establishing an HSA account.

_____ _____

Employee Signature Date

Further
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For HR Use Only **EFP:** **FUR:** **HRS:** **Audit:**

Deductions: ☐ **Full Year** ☐ **August** ☐ **September** ☐ **October**