

SAINT FRANCIS UNIVERSITY

HSA ELIGIBILITY DETERMINATION / PRE-TAX SALARY REDUCTION ELECTION FORM – Coverage for Plan Year January 1, 2024 – December 31, 2024

First Name	MI	Last Name					
Social Security #	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px; text-align: center;">X</td> <td style="width: 20px; height: 20px; text-align: center;">X</td> <td style="width: 20px; height: 20px; text-align: center;">X</td> </tr> </table>	X	X	X	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px; text-align: center;">X</td> <td style="width: 20px; height: 20px; text-align: center;">X</td> </tr> </table>	X	X
X	X	X					
X	X						

I understand that I may elect to make pre-tax contributions to my UPMC Consumer Advantage Health Savings Account through payroll deduction. These pre-tax contributions are available under my employer’s Section 125 Plan. When making this election I understand the HSA contribution limits which for 2024 are \$4,150 for Individual and \$8,300 for Family (with a catch-up provision for all over the age 55 years for an additional \$1,000 over the respective category limit).

For HSA purposes, expenses incurred before you establish your HSA are not qualified medical expenses.

Please make your election below, then sign and date your form and submit it to Human Resources:

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 **make contributions** to my Health Savings Account.

I elect to make pre-tax contributions to my UPMC Consumer Advantage Health Savings Account. I understand that the contribution(s) I have selected will be made with pre-tax salary reductions.

\$.			x			=	\$						
	CONTRIBUTION PER PAY PERIOD					# OF REMAINING PAY PERIODS			TOTAL ELECTION AMOUNT								

Effective date of change: _____

Employee Signature

Date

***For information purposes only and not a tax opinion:**

According to IRS Publication 969: (HSA) qualified medical expenses are those incurred by the following persons:

1. You and your spouse.
2. All dependents you claim on your tax return.
3. Any person you could have claimed as a dependent on your return except that:
 - a. The person filed a joint return,
 - b. The person had gross income of \$3,800 or more, or
 - c. You, or your spouse if filing jointly, could be claimed as a dependent on someone else's prior year tax return.

For this purpose, a child of parents that are divorced, separated, or living apart for the last 6 months of the calendar year is treated as the dependent of both parents whether or not the custodial parent releases the claim to the child's exemption.

For items 2 and 3, the member can reference the IRS rules for tax dependency. A qualifying relative can fall under item 2 or 3. The member needs to evaluate these rules and determine if all conditions are met.