# SAINT FRANCIS UNIVERSITY

## HSA ELIGIBILITY DETERMINATION / PRE-TAX SALARY REDUCTION ELECTION FORM – Coverage for Plan Year January 1, 2025 – December 31, 2025

First Name MI Last Name

Social Security # 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 2025 are $4,300 for Individual and $8,550 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:**

Revised 10/2024

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.