
Certification of HSA Eligibility

Name: _____ SS#: _____

Address: _____ City: _____ State: _____ Zip: _____

Only individuals who meet certain requirements are eligible to make or receive contributions to a health savings account (HSA). The purpose of this form is to confirm that you meet those requirements.

Please note: Your employer will rely on this certification in making contributions to an HSA on your behalf. Please complete it carefully. If you have any general questions regarding the form, please contact your employer. For specific questions regarding your personal situation, please consult your tax advisor. You must be able to satisfy each element listed below to be eligible for contributions. Please retain a copy of this form with your important tax records.

Please read and initial each of the following items:

1. **High deductible major medical coverage.**

I have self-only OR family coverage under my employers group health plan, which I understand qualifies as a high deductible health plan under Code § 223, or another qualifying high deductible health plan ("HDHP"). *For more information, see paragraph A on the attached page.*

Initial _____

2. I can not be claimed as a dependent on another person's federal tax return.

Initial _____

3. I am not enrolled in or entitled to Medicare benefits.

Initial _____

4. I am not covered under any of the following "other" types of health coverage:

- Comprehensive coverage (other than the HDHP described in 1 above), including coverage through my spouse's employer (i.e., double coverage). *For more information, see paragraph B on the attached page.*
- Medical reimbursement account ("health FSA" or "flex" account) under my employer's cafeteria plan, except HSA compatible coverage. *For more information, see paragraph C on the attached page.*
- Medical reimbursement account under the cafeteria plan of my spouse's employer, except HSA compatible coverage. *For more information, see paragraphs B and C on the attached page.*
- Health reimbursement arrangement ("HRA") sponsored by my employer or a former employer, except HSA compatible coverage. *For more information, see paragraph C on the attached page.*
- Health reimbursement arrangement ("HRA") sponsored by the employer or former employer of my spouse, except HSA compatible coverage. *For more information, see paragraphs B and C on the attached page.*
- Covered under any other coverage, except "permitted" coverages. *For more information, see paragraph D on the attached page.*

Initial _____

Initial _____

Initial _____

Initial _____

Initial _____

Initial _____

By signing this form and returning it to my employer, 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 if I cease to meet any of these conditions I will immediately notify my employer, in writing. I also understand that my employer's HSA contributions and my own HSA contributions (if any) are subject to certain aggregate limits under federal tax law.

Employee Signature

_____, 20____
Date

For office use only

Received by: _____

Date: _____

I chose Plan D or E. Now what?

If you select CCSD Insurance Plan D or E, you must complete the following steps to start using and contributing to your HSA:

1. Enroll in the Plan D or Plan E high-deductible health plan via the IVisions portal during your new hire enrollment period (within 30 days of your date of hire), within your life event period (within 30 days of the event) or during the CCSD open enrollment period (April 15 - May 15).
2. CCSD will make monthly contributions to your HSA (see chart on page 6). If you would like to contribute additional funds, elect the amount of money you wish to contribute for the year. **NOTE:** On the IVisions portal enrollment process, this number is the annual amount.
3. Complete ANB Bank HSA form (an example is located on page 5) and return to the bank at 800 E. 7th Street along with a clear copy of your driver's license and the driver's license for any other signers on your account.
4. Set up an appointment with ANB Bank to sign all required bank documents.
5. Contact the CCSD Benefits Specialist with your HSA account number. **NOTE:** No contributions can be made until you submit the account number to Benefits.
6. Begin funding your HSA through automatic payroll deduction, electronic funds transfer or tax-deductible lump-sum deposit via check. (See HSA contribution limits below).
7. Receive and begin using your HSA checks and/or debit card.

NOTE: The HSA account owner is the CCSD employee. It is an ANB Bank policy that detailed customer information can only be disclosed to the owner of the account.

HSA contribution limits

- These amounts are updated each year by the federal government to account for inflation. In 2022, the maximum annual contribution is **\$3,650 for individuals** and **\$7,300 for families**.
- In 2022, those age 55 or older can contribute an additional **"make-up" allowance of \$1,000** above the maximum to their HSA.
- Additionally, one-time rollover opportunities from other funds, such as an FSA, HRA and/or an IRA, are allowed in certain situations.

Contributions to an HSA can be made through **April 15th of the next year**. For example, contributions for 2022 can be made through April 15, 2023.

NOTE: Contributions (including those made by you AND your employer) may not exceed the above contribution limits. For the most up-to-date list of HDHP contribution limits, visit <http://www.irs.gov/pub/irs-drop/rp-13-25/pdf>.



HSA New Account Application

What other types of accounts and products are you interested in:

- Checking
 Savings
 Debit Card
 Online Banking
 Credit Card
 Safe Deposit Box
 Demand Deposit Loan
 IDSafeShield PLUS
 IRA

Owner Name: _____

Signer Name: _____

Physical Address: _____

Physical Address: _____

Mailing Address: _____

Mailing Address: _____

Date of Birth: _____

Date of Birth: _____

Social Security Number: _____

Social Security Number: _____

Place of Birth: _____

Place of Birth: _____

Mother's Maiden Name: _____

Mother's Maiden Name: _____

Employer: _____

Employer: _____

Title/Occupation: _____

Title/Occupation: _____

Telephone Numbers - Home: _____

Telephone Numbers - Home: _____

Work: _____ Cell: _____

Work: _____ Cell: _____

Email Address: _____

Email Address: _____

Desired Online Banking User Name: _____

Beneficiary: _____

Beneficiary's SSN and Date of Birth: _____

Beneficiary Relationship: _____

Plan Coverage: Individual Family

By signing below, I certify the accuracy of the above information and authorize ANB Bank's affiliated consumer reporting agency/agencies to access my credit file to authenticate my identity and facilitate the processing of this application for this ANB Bank account only. I understand that I may be asked questions based on the information in my credit file as part of this process. I also understand that ANB Bank may review my credit history and past banking relationships before accepting this account.

X _____ Date _____
Signature of Applicant

X _____ Date _____
Signature of Applicant

Please provide your Driver's License, State Identification or Passport.



I went to a doctor’s appointment and paid for it out of my personal checking account. How do I reimbursement myself?

You can write a check to yourself out of your HSA account and deposit it into your personal checking account.

If my spouse and I are both 55 or older, can we each do the “make-up” contributions?

If you and your spouse had High-Deductible Health Plan (HDHP) coverage for the full year, you can do the full “make-up” contribution regardless of when your 55th birthday falls during the year. If only one spouse has an HSA in their name, only that spouse can do a “make-up” contribution. (See page 4)

What happens when HSA contributions exceed the maximum amount?

Contributions made to your HSA that exceed the contribution limits on December 31 are not tax-free and are included in your gross income. ANB Bank makes courtesy calls in December to all CCSD employees who are over their contribution limit asking them to come in by December 31st to withdraw the excess amount to avoid potential tax penalties.

What happens to my HSA if I leave the company?

The HSA account is yours, however you can only contribute to the HSA if you are covered by another qualified HDHP. You will become responsible for the \$3 monthly maintenance fee charged by ANB Bank at the end of your employment. (CCSD has paid this fee during your employment.)

NOTE: A list of additional FAQs related to HSA accounts can be found on the Benefits & Insurance site under the “Related Files” PDF documents.

Plan D or E HSA

Important Contact Information

CCSD Benefits and Insurance

Laurie Christenson
307-687-4516
lchristenson@ccsd.k12.wy.us

ANB Bank Contact Information

Gillette branch:
800 E. 7th Street
307-682-5161
Monday – Friday from 9am to 5pm

24/7 Telephone Banking: 800-997-BANK (2265)

Customer Care Center: 866-433-0282
Monday – Friday from 7am to 6pm MST (except holidays)

Plan D or E HSA

Additional Information and Resources

Where can I find additional information about HSAs?

For more information about HSAs, you can visit the following websites:

CCSD Benefits and Insurance

<https://www.ccsd.k12.wy.us/Page/621>

IRS Publication 502

<http://www.irs.gov/pub/irs-pdf/p502.pdf>

United State Treasury

<https://www.treasury.gov/resource-center/faqs/Taxes/Pages/Health-Savings-Accounts.aspx>