



HSA Participation Form
HSA Eligibility Acknowledgment &
Payroll Deduction Contribution Form

HSA Contribution Year: 07/01/2013 – 06/30/2014
Employee Name:
Last 4 of Social Security:

Health Insurance Enrollment: I am enrolled in Smart Choice Health Plan for the 2013 Plan Year at the following level:

- \$1250 Deductible Employee Only
- \$2500 Deductible Employee & Dependents

2013 Contribution Information: The City of O’Fallon will make an annual contribution towards your HSA account for Smart Choice plan enrollees who are eligible to contribute to an HSA account. This contribution is based on your enrollment tier:

<u>ENROLLMENT TIER</u>	<u>DEDUCTIBLE</u>	<u>CITY CONTRIBUTION</u>
Employee Only	\$1,250	\$1000 on July 1, 2013
Employee + dependents	\$2,500	\$2000 on July 1, 2013

- The IRS limits for 2013 are \$3,250 for an individual plan and \$6,450 for a family plan (including both employee and employer contributions)
- Individuals that are age 55 or older may be eligible to make additional “catch up” contributions not exceeding \$1,000.

According to IRS regulations, since your HSA-compatible coverage begins in the middle of a calendar year, you may be eligible to contribute the maximum amount for that year provided that you maintain coverage until December 31st of the following year (12/31/14). If you are unsure whether you’ll maintain HSA-compatible coverage through 12/31/14, you may need to pro-rate your contributions to avoid tax penalties.

Employees participating in the HSA can stop their contributions at any time. Changes to your election amounts can be made on a quarterly basis during the HSA open enrollment period. The open enrollment months are March, June, September, and December. Changes are effective the month following the open enrollment period (July 1, October 1, January 1, April 1).

The City of O’Fallon is not responsible for any errors in the information provided in this document as it is the account holder’s responsibility to understand IRS rules and eligibility surrounding HSAs. The City of O’Fallon does not provide legal or tax advice. For advice or instructions for your specific situation, please consult a qualified tax advisor.

ACTION REQUESTED:

- I want to contribute \$_____ per pay (\$_____ total) in addition to the City's contribution. I understand this amount will be deducted from my pay throughout the plan year on a pre-tax basis.
- I want to CHANGE my contribution to \$_____ per pay, in addition to the City's contribution.
- I do not want to contribute to the HSA but I understand that the City will be contributing:
 - \$1,000 on July 1 (Employee only coverage) or
 - \$2,000 on July 1 - (Employee + Dependent coverage).
- I want to stop contributing to my Health Savings Account as of ___/___/___.

AUTHORIZATION - I certify and acknowledge the following (INITIAL EACH BOX):

- I have reviewed the City's Health Insurance Plan Options and elect to enroll in the Smart Choice - High Deductible Health Plan.
- I acknowledge that I may only contribute to an HSA and receive the tax benefits of an HSA if I meet the eligibility requirements outlined by the Internal Revenue Code.
- I understand that I cannot personally be enrolled in a traditional health plan (not high deductible), Medicare, or Tricare if I wish to participate in the Health Savings Account.
- I acknowledge that Human Resources cannot give me tax advice or confirm that I meet the eligibility requirements for an HSA. I may obtain information on eligibility requirements from a tax professional or the Internal Revenue Service, including IRS Publication 969, or by contacting the HSA Administrator.
- I understand that it is my responsibility, as the account holder, not to exceed the IRS Maximum contributions allowed.
- I agree to notify Human Resources if I am no longer eligible to contribute to an HSA and acknowledge that I must reenroll during an open enrollment period each year to participate in this benefit.
- I am responsible to keep all receipts. I understand that I may be required to substantiate claims to the IRS.
- I understand that I must use my HSA debit card only for eligible HSA expenses that are not reimbursable from another source or else I could be subject to additional penalties and taxes.
- I understand that I cannot enroll in both an HSA and a Medical Flexible Spending Account. I understand that any remaining balance in the FSA at the end of the run-out period (through June 30, 2013) will be treated as FSA forfeiture to the employer per IRS regulations.

I have read and understand the information on this form and I certify the information I have provided on all parts of this form is true and correct. I understand that knowingly providing a statement that contains any false, incomplete, or misleading information may result in both adverse tax consequences, including penalties and interest. I hereby authorize the payroll deductions as required through the end of the current calendar year or my termination of employment, whichever occurs first.

Employee Signature: _____ Date: _____

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