

HSA Authorization Form

FOR GROUP HEALTH COVERAGE

As a benefit of your membership on an HSA-compatible health plan with Western Health Advantage, you have access to a Health Savings Account (HSA) with WHA's partner, HealthEquity, with no setup or monthly fees.* This partnership also allows WHA to communicate information about your claims directly to HealthEquity, making it easier for you to compare your financial responsibility under insurance with your payments from your HSA.

This signed HSA Authorization Form must be returned with your WHA Enrollment/Change Form in order for you to be enrolled in this benefit.

ELIGIBILITY REQUIREMENTS FOR A HEALTH SAVINGS ACCOUNT (HSA)

This HSA Authorization Form regards the establishment of an HSA that is used to accumulate assets for the payment of qualified health care expenses. Your HSA is your financial asset even if you change health plans or employers. Please note, however, that a change to your health plan will inactivate WHA's arrangement with HealthEquity. This may result in monthly fees for your HSA with HealthEquity.

To be eligible to open an HSA you must meet the following requirements:**

1. If you are currently participating in the General-Purpose Medical FSA, you must have a zero balance on December 31 of any calendar year in order to be HSA-eligible on January 1 of the following calendar year. That means that claims must be incurred and filed in time to be reimbursed with the last FSA check process of the year that will occur on December 31 of the initial year.

As of the effective date:

2. You must be covered by an HSA-qualified High Deductible Health Plan (HDHP) and must not be covered by other health insurance that is not an HDHP. Certain types of insurance (e.g., dental, vision, disability and long-term care) are not considered "health insurance" and will not jeopardize an individual's eligibility for an HSA.
3. You cannot be covered by another health plan, including Medicare.
4. You cannot have an HSA if a spouse's FSA or HRA can pay for any medical expenses before the HDHP deductible is met.
5. You cannot be claimed as a dependent on another individual's tax return.
6. You must be 18 years of age or older.

*Note: If you do not elect to switch from paper to electronic statement delivery, the account includes a \$1/month paper statement fee. This can be changed at the time you activate your debit card, or any time through your HealthEquity Member Portal.

**Neither Western Health Advantage nor HealthEquity provides medical or tax advice. Content should not in any case replace professional medical or tax advice. If you have questions regarding a medical condition, please consult a qualified healthcare professional. All tax references are on the federal level. State taxes may vary. Please consult your tax advisor.

Primary Account Holder Information

Effective Date _____

Employer _____ WHA Group # _____

Employee Last Name _____ First Name _____ MI _____

Authorization and Certification

- I hereby certify that I meet the HSA Eligibility Requirements outlined above.
- I understand that, in compliance with the USA Patriot Act, HealthEquity must verify the identity of all customers seeking to open an HSA, and that I may be contacted to provide additional information and/or documentation if this is required to comply with the Act.
- I understand that, with this signed Authorization, a HealthEquity HSA will be opened for me as part of my enrollment with WHA.
- I authorize WHA to disclose my claims data to HealthEquity after my HSA is established in order to make that information available to me for reconciliation with my HSA.

Signature _____

Today's Date _____



The balance in your HSA is insured by the Federal Deposit Insurance Corporation (FDIC), subject to applicable deposit limits.