



Health Savings Account Contribution Change Form

This form should be used to make changes to your Health Savings Account (“HSA”) contribution. Changes can be made to your HSA contribution at any time. You can increase, decrease, or stop your contribution, provided you are enrolled in a high deductible health plan (“HDHP”) and you do not exceed limits set by the IRS.

The maximum contributions in 2026 are: \$4,400 for an individual: \$8,750 for a family. Individuals age 55 and over may make catch-up contributions. In 2026, the maximum catch-up contribution is \$1,000. Annual contribution limits apply regardless of whether the contributions are made by an individual, the individual’s employer, or any other person. **It is the employee’s responsibility not to exceed the IRS maximum contribution limit(s).**

Name: _____ Effective Date: _____

Current Contribution per pay period: \$ _____

New Contribution per pay period: \$ _____

One-time Contribution: \$ _____

Discontinue my contribution effective: _____

(After one-time contribution is made, the HSA contribution will revert back to the current contribution unless otherwise noted.)

By signing below, I am requesting that the above changes be made to my employee contribution that is deposited into my Health Savings Account. I also understand that it is my responsibility to monitor my Health Savings Account and not to exceed the IRS maximum contribution limits.

Signature

Date



Certification of HSA Eligibility

Employee Name:

Birth Date:

I understand to be eligible for Addison Central School District to contribute to a health savings account (HSA) on my behalf, I must meet *all** of the following HSA eligibility conditions:

1. I **have** ☐ self-only coverage **OR** ☐ two-person/parent/child(ren) or family coverage under the VEHI Silver CDHP (the Health Plan), which I understand qualifies as an HSA compatible health plan under Internal Revenue Code §223(c)(2).
2. I **cannot be claimed** as another person's tax dependent.
3. I am **not entitled** to Medicare benefits.
4. I am **not eligible** for Tricare benefits.
5. I am ☐ **not entitled** to benefits under the V.A. **OR** ☐ I am entitled to benefits under the V.A. and I have a V.A. **disability rating**.
6. If I have any health coverage **in addition to** my coverage under the Health Plan, that coverage is either:
 - a. HSA compatible CDHP coverage (*see paragraph A on the reverse side of this form*); or
 - b. permitted **non**-CDHP insurance or coverage (*see paragraph B on the reverse side of this form*).

Examples of impermissible coverage that would make me ineligible include coverage under:

- my spouse's or domestic partner's **non**-CDHP health plan,
- any general-purpose medical flexible spending arrangement (medical FSA), including my spouse's medical FSA (limited purpose FSA is permitted) , or
- a general-purpose health reimbursement arrangement (HRA).

By signing this form and returning it to the Employer, I certify that all the statements above are true. I agree that I will notify the Employer immediately in writing if I cease to meet any of these conditions. I also understand that the Employer will make contributions to an HSA on my behalf on the basis of my certification and that the Employer's HSA contributions and my own HSA contributions (if any) are subject to certain aggregate limits under federal tax law.

If there is any change to my HSA eligibility, I must notify my employer of the change as soon as possible and not later than 30 days after the event.

Employee Signature

Date

A. CDHP Coverage Is Health Coverage That Meets the Following Requirements:

- **Self-Only Coverage:** Self-only coverage is coverage of one individual. To qualify as CDHP coverage, it must have a deductible of at least \$1,500 for 2023 before any reimbursement is made for eligible medical expenses (other than preventive care). In addition, the sum of the deductible and other annual out-of-pocket expenses that the covered employee is required to pay (such as copays and coinsurance, but not premiums) cannot exceed \$7,500 for 2023.
- **Family Coverage:** Family coverage is any coverage other than self-only coverage. Family CDHP coverage must have a deductible of at least \$3,000 for 2023 before any reimbursement is made for eligible medical expenses (other than preventive care). No amounts can be paid (other than for preventive care) until the minimum required family deductible has been satisfied (i.e., there cannot be an individual deductible within the family deductible that is less than the required minimum of \$3,000 for 2023). In addition, the sum of the deductible and other annual out-of-pocket expenses that the covered individual is required to pay (such as copayments and coinsurance, but not premiums) cannot exceed \$15,000 for 2023 (no single person can be required to pay more than \$7,500).

B. Permitted Non-CDHP Insurance or Coverage Includes the Following:

- insurance under workers' compensation laws, tort liabilities, homeowner or auto insurance, or similar liability insurance;
- insurance for a specified disease or illness (e.g., cancer insurance policy);
- insurance that pays a fixed amount per day (or other period) of hospitalization (e.g., hospital indemnity insurance); or
- coverage for accidents, disability, dental care, vision care, or long-term care.
- limited purpose flexible spending account (LPFSA)

IMPORTANT NOTICE

The information provided is general in nature and is not intended, nor should it be construed as, legal or tax advice. Since the administration of an HSA is a taxpayer (your) responsibility, you are also encouraged to review information available from the Internal Revenue Service (IRS) for taxpayers, which can be found on the IRS Web site at <https://www.irs.gov/>. You can find IRS Publication 969, Health Savings Accounts and Other Tax-Favored Health Plans, <https://www.irs.gov/pub/irs-pdf/p969.pdf> and IRS Publication 502, Medical and Dental Expenses, <https://www.irs.gov/pub/irs-pdf/p502.pdf> online or you can call the IRS to request a copy of each at 800-829-3676.