

HealthEquity Health Savings Account Election Form

October 1, 2026 through September 30, 2027 Plan Year

www.healthequity.com

Do you qualify? (Must meet ALL of these requirements - *Please Check ALL Boxes*):

- ☐ I am enrolled in medical plan 6 or 7
- ☐ I am NOT covered by any other medical insurance (unless it is ALSO an HSA-Compatible High Deductible Health Plan)
- ☐ I am **NOT** enrolled in **Medicare**
- ☐ I am NOT a dependent on a spouse's/parent's Flexible Spending Account or Health Reimbursement Account
- ☐ I cannot be claimed as a dependent on another individual's income tax return

For more detailed information about IRS eligibility requirements for Health Savings Accounts, see IRS Publication 969. For information about eligible expenses, see IRS Publication 502. You will also find lots of helpful information and FAQ's at: <https://www.healthequity.com/learn/hsa/>
If you do not meet **ALL** requirements, you may fill out the WageWorks Flexible Spending Account election form instead.

HEALTH EQUITY ACCOUNT ENROLLMENT INFORMATION:

Employee Name: _____

Physical Address (Required): _____

Mailing Address (if different): _____

City: _____ State: _____ Zip: _____

Email: _____

SSN Last 4 digits: _____ Phone Number: _____

Date of Birth: _____

- ☐ I elect to receive the district's contribution to the Health Savings Account
- ☐ In addition, I elect to make my own pre-tax contributions to the HSA (*optional*)

District Contributions: \$125.00 per month x 12 months \$ 1,500 (annual)

My Contributions: \$ _____ per month x _____ paychecks \$ _____ (annual)

Annual Total: \$ _____

Note: Employee, Spouse, and Employer **combined** contributions cannot exceed annual maximums for your family

2027 HSA ELECTION MAXIMUMS

HDHP Single Coverage - \$4,500 HDHP Family Coverage - \$9,000
Additional 'Catch-up' allowed for those 55 years of age or older - \$1,000

By signing below, I certify that I meet the requirements under Internal Revenue Code § 223 to be eligible to contribute to an HSA.

Employee Signature

Date