

2024 - HEALTH SAVINGS ACCOUNT (HSA) ENROLLMENT FORM

Name	Employee Banner ID#		
Address	City	State	Zip
Email Address			

Enrollment in a Health Savings Account ("HSA") is governed by IRS Regulations.

To be an eligible individual and qualify for the tax benefits of an HSA, you must be covered under a qualified High Deductible Health Plan (HDHP) as your only health coverage (except as otherwise permitted under IRS regulations), not be enrolled in Medicare, and not be claimed as a dependent on someone else's tax return. The University's High Deductible Health Plan (HDHP) meets the IRS requirements.

You may enroll in the University's HDHP plan without enrolling in the HSA offered through the University. However, if you wish to enroll in a Health Savings Account through the University, you must also enroll in the HDHP plan

HEALTH SAVINGS ACCOUNT ELECTION

I elect to enroll through the University in a Health Savings Account. I understand that I must meet the eligibility requirements outlined by the IRS Regulations to qualify for the tax benefits of an HSA.

I hereby instruct Kent State University to direct the following amount to an HSA account in my name with PNC Bank:

\$ PER YEAR AMOUNT (Do not include employer contribution)

NOTE: The amount elected will be divided equally over each pay period in the Plan Year. If you make or change an election during the plan year, it will be divided equally over the remaining pay periods in the Plan Year.

See instructions on back for minimum and maximum amounts

I certify and acknowledge the following:

- ♦ I have reviewed the University's Medical Plans Comparison Chart and elect to enroll in the HDHP Plan option. I acknowledge that I will not be able to change to another health plan option until the next Plan Year, except for a qualifying event.
- ♦ 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 acknowledge that the University's Benefits Department 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 agree to notify the University Benefits Department if I am no longer eligible to contribute to an HSA and acknowledge that I must reenroll during open enrollment each year to participate in this benefit during the next Plan Year.
- ♦ I am responsible to keep all receipts. I understand that I may be required to substantiate claims to the IRS.
- ♦ I agree to use my HSA debit card only for eligible HSA expenses that are not reimbursable from another source.

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 employment action, up to and including termination of employment, and adverse tax consequences, including penalties and interest. I hereby authorize the payroll deductions as required through the end of the Plan Year or my termination of employment, whichever occurs first.

EMPLOYEE SIGNATURE: _____ **DATE:** _____

Kent State University – University Benefits Department
635 Loop Road, Heer Hall, Kent, OH 44242

Benefit Dept. Use Only	Entry Date:	Entered By:	QC By:	QC Date:
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Health Savings Account Enrollment Form Instructions

University employees who are enrolled in the High Deductible Health Plan (HDHP) option may also choose to enroll in a Health Savings Account through the University with PNC Bank.

Enrollment in a Health Savings Account ("HSA") is governed by the Internal Revenue Code. To be an eligible individual and qualify for the tax benefits of an HSA, you must be covered under an HDHP as your only health coverage (except as otherwise permitted under IRS regulations), not be enrolled in Medicare, and not be claimed as a dependent on someone else's tax return.

Unless you qualify for the Catch-up Provision described below, the maximum amount you may contribute cannot exceed Internal Revenue Code limits outlined below:

2024 TOTAL Annual Maximums (includes employer contribution)	
Single	\$4,150
Two-Party/Family	\$8,300
HSA Catch-Up Contribution (age 55 or older) *	\$1,000

***Age 55 Catch-up:** If you will be age 55 or older during the calendar year, you may elect to contribute an additional \$1,000.

Your Health Savings Account enrollment is irrevocable with respect to amounts deferred while your election is in effect. It will remain in effect until you change or cancel it in writing. Changes must be submitted prior to the end of the pay period. If you have questions on the HDHP or Health Savings Account, please contact the University Benefits Office at 330-672-3107

HIGH DEDUCTIBLE HEALTH PLAN		HEALTH SAVINGS ACCOUNT	
University Benefits Office	330-672-3107	PNC Bank	1-888-762-2265
Medical Mutual of Ohio	800-586-4509		
CVS/Caremark	888-202-1654		

Or visit PNC Bank's website at <http://www.pnc.com> for answers to frequently asked questions.

Health Savings Account Information

- I understand that I may change or cancel these elections during the plan year at any time as provided by IRS regulations.
- I understand that deferrals to my Health Savings Account will begin as soon as possible after my enrollment form has been submitted to the University's Benefits Department.
- To the minimum extent necessary to implement coverage, and in accordance with rules set forth in the HIPAA Privacy Regulations, I authorize Medical Mutual of Ohio, CVS Caremark and PNC Bank to request and use any medical, health, employment, and/or insurance information necessary to complete my enrollment, process my claims, provide coverage benefits, and administer coverage benefits.
- I authorize payroll deduction of contributions as required through the provisions of IRC Section 125 Flexible Benefits. I agree to abide by the Plan's enrollment provisions. I authorize my employer to act as my agent in all matters of administration of the group program and acknowledge that my employer is in no way acting as agent for those companies administering claims.
- I certify that all information on this form is true and correct and I acknowledge that the University will take corrective action against Participants who (a) enroll an individual in the Health Care Plan that they know or should know is ineligible and/or (b) file claims (either directly or indirectly through a health care provider) for an individual that they know or should know is ineligible for coverage under the Plan. Corrective action includes termination of employment, legal action for reimbursement of all claims, and cancellation of coverage without the right to elect COBRA.
- I understand the University intends to continue the Plan indefinitely; however, it reserves the right to amend, suspend or discontinue it at any time.

Social Security Numbers are Now Required for All Dependents

Beginning January 1, 2009, Section 111 of the Medicare, Medicaid, and SCHIP Extension Act of 2007 requires all health plans in the United States to report group and member information to the Centers for Medicare and Medicaid Services (CMS). The new law will help CMS accurately coordinate Medicare and group benefits for people who have both coverages. Since individuals under age 65 who have end stage renal disease or other disabilities are eligible for Medicare, we need to provide information, including social security numbers, for all enrolled members.