CMU
CENTRAL MICHIGAN UNIVERSITY

Health Savings Account (HSA) Certification Form

Only individuals who meet certain requirements are eligible to make or receive contributions to a Health Savings Account (HSA). The purpose of this form is to confirm that you meet those requirements and are eligible to make and/or receive contributions to an HSA.

Section 1: Employee Information

Full Name: _____ Campus ID: _____

Section 2: HSA Certification

Please note: CMU will rely on this certification in making contributions to an HSA on your behalf. Please complete it carefully. If you have any general questions regarding the form, please contact the Benefits & Wellness office at 989-774-3661 or benefits@cmich.edu. For specific questions regarding your personal situation, please consult your tax advisor. You must be able to satisfy each element to be eligible to make and/or receive HSA contributions. Please retain a copy of this form with your important tax records.

Please read and initial each of the following items:

1. I have ☐ self-only OR ☐ family coverage under a qualifying High Deductible Health Plan (HDHP); like the BCBS Advantage HDHP/HSA. *Initial* _____
2. I can't be claimed as a dependent on another person's federal tax return *(other than married couples filing a joint tax return*). *Initial* _____
3. I am not enrolled in Medicare Parts A and/or B. *Initial* _____
4. I am not covered under any of the following "other" types of health coverage:
   - Comprehensive coverage (other than an HSA-qualifying high deductible health plan) including through my spouse / other eligible individual's employer (i.e. double covered). *Initial* _____
   - Traditional (or general purpose) health care flexible spending account under my employer's pre-tax plan (i.e. CMU Choices). *Initial* _____
   - Traditional (or general purpose) health care flexible spending account under my spouse's employer's pre-tax plan. *Initial* _____
   - Health reimbursement account (HRA) sponsored by my employer or prior employer. *Initial* _____
   - Health reimbursement account (HRA) sponsored by the employer or prior employer of my spouse. *Initial* _____

For complete information about eligibility, please visit the IRS website at www.irs.gov/pub/irs-pdf/p969.pdf.

Section 3: Acknowledgement & Signature

By signing and returning this form, I certify all of the statements above are true. ***I understand that I am not eligible for HSA contributions during any month in which I do not meet all of the above HSA eligibility conditions*** and I agree that if I cease to meet any of these conditions I will notify CMU.

_____ _____
Signature Date

Please return completed form to CMU Benefits & Wellness Office ■ 108 Rowe Hall, Mt. Pleasant, MI 48859
Phone: 989-774-3661 ■ Fax: 989-774-1058 ■ Email: benefits@cmich.edu