

Health Savings Account Enrollment/Change Form

Non-Represented & SEIU Employees enrolled in Moda Plan 6 or Kaiser Plan 3

1) EMPLOYEE INFORMATION: (* = Required)

Employee Name (First, MI, Last) *

Employee ID# *

Email Address *

Phone Number

2) I WOULD LIKE TO (check one): *

- Establish an HSA account and/or Payroll Deduction for the first time
- Change my HSA Payroll Deduction Amount
- Stop my HSA Payroll Deduction
- Elect an HSA contribution during mandatory Open Enrollment (effective 10/01/2022 - 09/30/2023)

3) HIGH DEDUCTIBLE HEALTH PLAN (HDHP) COVERAGE LEVEL (check): *

There may be tax consequences if your HSA contributions exceed the IRS governed limit. Note: If your dependents have other non-HSA compatible coverage, or are not tax dependents (i.e., domestic partners or your child(ren) who are not your tax dependents), your limit may be less and you may not use your HSA for their expenses.

CHECK ONE *	HSA Contribution Limits		PPS Employer Contribution Effective 10/01/2023 <i>Full-Time Employees</i>
	2023	2024	
EE Only	\$3,850	\$4,150	\$175 / month
EE + Spouse	\$7,750	\$8,300	\$300 / month
EE + Children / Family	\$7,750	\$8,300	\$300 / month
Catch-up for Age 55+	\$1,000	\$1,000	N / A

MEDICARE & HSA ACCOUNTS

If you have an HSA when you sign up for Medicare, you cannot contribute to your HSA once your Medicare coverage starts. If you contribute to your HSA after your Medicare coverage starts, you may have tax consequences.

4) EMPLOYEE CONTRIBUTION (check one): *

- I **DO NOT** want to make an employee monthly contribution.
- I **DO** want make an employee monthly contribution and **elect to have a monthly payroll deduction of \$_____**.
Dollar Amount *

5) EMPLOYEE AUTHORIZATION *

I hereby certify the above information to be correct. Before my HSA can be opened, I agree to the following terms and conditions:

1. I understand that if I elect a Healthcare Flexible Spending Account (FSA) with PPS, it will be limited to qualifying dental and vision expenses only as of the date my HSA becomes effective.
2. I certify that my spouse or dependents (if applicable) do not have a Healthcare (HC) FSA or HRA with a balance as of the effective date of my HSA. Further, I understand that IRS rules do not allow my spouse to have an HC FSA or HRA at their employer while I am enrolled in the HSA. Exceptions may apply.
3. I cannot have other health coverage unless the other plan is also HSA eligible.
4. I cannot be a dependent on another person's tax return.
5. I and/or my dependents will not be enrolled in Medicare during the entire plan year from **10/01/2022-09/30/2023**. Note: If you or your dependent receive Social Security, you (or your dependent) are automatically enrolled in Medicare A.
6. I understand that a monthly service fee will automatically be deducted from my HSA account.
7. I am indicating that I want to establish a Health Savings Account ("HSA") at Optum. I certify that I am eligible to contribute to an HSA under Internal Revenue Code Section 223.
8. I am appointing Portland Public Schools (PPS) as my special agent for the purpose of opening an HSA at Optum. As my special agent, PPS will provide my name, address, date of birth, social security number, phone number, and other required information to Optum so that I may establish an HSA.
9. I have read IRS Publication 969 – Health Savings Account and Other Tax-Favored Health Plans (<https://www.irs.gov/forms-pubs/about-publication-969>).
10. I understand that it is my responsibility to ensure I am eligible to participate in an HSA.
11. I understand that it is my responsibility to ensure I do not over contribute to my HSA.
12. I understand that when I reach the HSA contribution limit for the current tax year, the PPS Employer Contribution and my Employee Contribution will be stopped. Further, I understand that both the PPS Employer Contribution and my Employee Contribution will re-start at the beginning of the new tax year.

Employee Signature *

Date *

QUESTIONS?

Optum - HSA Plan Administrator
 Email: customercare@optum.com
 Phone: 844-973-3925

SUBMIT COMPLETED FORM TO:

Email: benefits@pps.net
 FAX: 503-916-3107
 Mail: PPS Human Resources - Benefits | 501 N. Dixon St., Ste. 200 | Portland, OR 97227

OFFICE USE ONLY	Eff Date:	Entered By & Date:	Scanned:
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