



Health Savings Account Enrollment/Change Form

Section 1: Select one:

- Establish an HSA Account and/or Payroll Deduction for the First Time
- Change Payroll Deduction Amount
- Stop HSA Payroll Deduction
- Elect an HSA contribution during Open Enrollment (effective 10/1/20-9/30/21)

PPS Human Resources Use Only:

Effective Date: _____

Entered by/Date: _____ Age 55+ _____

EE only EE+Spouse EE+Children/Family

Section 2: Employee Information (* = Required fields)

* Employee Name (First, MI, Last)

*Employee ID

*Phone

*Email Address

Section 3: High Deductible Health Plan (HDHP) Coverage Level (Circle your coverage level below) - 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.

HSA Contribution Limits			PPS Contribution Full-Time Employees
	2020	2021	Effective 10/1/2020
EE Only	\$3,550	\$3,600	\$175/month
EE + Spouse	\$7,100	\$7,200	\$250/month
EE+Children/Family	\$7,100	\$7,200	\$300/month
Catch-up for 55+	\$1,000	\$1,000	n/a

Medicare and HSA accounts: If you have an HSA when you sign up for Medicare, you can't contribute to it once your Medicare coverage begins. If you contribute to your HSA after your Medicare coverage starts, you may have tax consequences.

Section 4: Employee Contribution Information

* I elect a monthly deduction of \$ _____. Enter 0 if you do not want to contribute.

Section 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 10/1/20-9/30/21. 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. (<http://www.irs.gov/pub/irs-pdf/p969.pdf>)
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.

*Employee Signature

Date

Questions: Optum: www.mycdh.optum.com
Submit to: PPS Human Resources
501 N Dixon Portland, OR 97227

Phone: 877-470-1771
FAX: 503-916-3107
Email: benefits@pps.net