

MIAMI UNIVERSITY

CERTIFICATION OF HSA ELIGIBILITY

Name: _____ Banner ID#: _____ Birth Date: _____

I understand that in order for Miami University (the “Employer”) to contribute to a health savings account (HSA) on my behalf, I must meet **all** of the following HSA eligibility conditions (please check all that apply):

- I have coverage under the Miami University High Deductible Health Plan, which I understand qualifies as a high-deductible health plan (HDHP) under Code §223(c)(2).
- I cannot be claimed as another person’s tax dependent.
- I am not enrolled in, Medicare benefits.
- I am not covered under a non-HDHP health plan maintained by the employer of my spouse or same-sex domestic partner.

If I have any health coverage other than my coverage under the Miami University High Deductible Health Plan, that coverage is either (a) HDHP coverage (*see paragraph A on page 2 of this form*); or (b) permitted non-HDHP insurance or coverage (*see paragraph B on page 2 of this form*).

- I am not covered under a general purpose health flexible spending account (health FSA) arrangement (including an arrangement in 2009 that had a grace period and for which the health flexible spending account balance was not reduced to zero as of December 31, 2009) or a general purpose health reimbursement arrangement (HRA), whether through Miami University or through a spouse or same-sex domestic partner.

By signing this form and returning it to the Employer, I certify that all of the statements above are true. I agree that I will notify the Employer immediately in writing if I cease to meet any of these conditions. I also understand that the Employer will make contributions to an HSA on my behalf on the basis of my certification and that the Employer’s HSA contributions and my own HSA contributions (if any) are subject to certain aggregate limits under federal tax law.

_____, 20____
Employee Signature Date

A. *HDHP Coverage Is Health Coverage That Meets the Following Requirements:*

- *Self-Only Coverage:* Self-only coverage is coverage of one individual. To qualify as HDHP coverage, it must have a deductible of at least \$1,150 for 2009 (as indexed for inflation) before any reimbursement is made for eligible medical expenses (other than preventive care). In addition, the sum of the deductible and other annual out-of-pocket expenses that the insured is required to pay (such as co-pays and co-insurance, but not premiums) cannot exceed \$5,800 for 2009 (as indexed for inflation).
- *Family Coverage:* Family coverage is any coverage other than self-only coverage. Family HDHP coverage must have a deductible of at least \$2,300 for 2009 (as indexed for inflation) before any reimbursement is made for eligible medical expenses (other than preventive care). No amounts can be paid (other than for preventive care) until the minimum required family deductible has been satisfied (i.e., there cannot be an individual deductible within the family deductible that is less than the required minimum of \$2,300 for 2009, as indexed for inflation). In addition, the sum of the deductible and other annual out-of-pocket expenses that the insured is required to pay (such as co-payments and co-insurance, but not premiums) cannot exceed \$11,600 for 2009 (as indexed for inflation).

B. *Permitted Non-HDHP Insurance or Coverage Is:*

- insurance in which substantially all of the coverage relates to liabilities incurred under workers' compensation laws, tort liabilities, liabilities relating to ownership or use of property (e.g., homeowner or auto insurance), or similar liabilities as specified by the IRS;
- insurance for a specified disease or illness (e.g., cancer insurance);
- insurance that pays a fixed amount per day (or other period) of hospitalization (e.g., hospital indemnity insurance); or
- coverage for accidents, disability, dental care, vision care, or long-term care.