



**Douglas County**  
**2023 HSA Certification of Eligibility**

Name: \_\_\_\_\_ Employee ID# \_\_\_\_\_  
*(Please Print)*

I understand that in order for the County to contribute to a health savings account (HSA) on my behalf, I must meet all of the following HSA eligibility conditions:

1. I have *(please check one)*:  single,  employee plus one OR  family coverage under the HSA Plan, which I understand qualifies as a high deductible health plan (HDHP) under Code §223(c)(2).
2. I am establishing/have established an HSA through SuperiorUSA.
3. I cannot be claimed as another person's tax dependent.
4. I am not entitled to Medicare benefits.
5. If I have any health coverage other than my coverage under the HSA/HDHP, that coverage is either (a) HDHP coverage or (b) permitted non-HDHP insurance or coverage.
6. If I am married, my spouse either does not have any non-HDHP family coverage or has excluded me from any non-HDHP family coverage.

OR

\_\_\_\_\_ For the plan year effective January 1, 2023 I am waiving HSA coverage.

You may make pre-tax salary deferral contributions to your HSA. The maximum annual contribution you can make, in combination with the County's contribution, is set by the IRS for 2023 and they are \$3,850 for the Single Plan and \$7,750 for the Employee + One or Family Plan.

By signing this form and returning it to Douglas County Human Resource Department, I certify that 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 I will notify Douglas County Human Resource Department immediately in writing, if I cease to meet any of these conditions. I also understand that the County will make contributions to the HSA that I establish with SuperiorUSA on my behalf on the basis of my certification and that the County's HSA contributions and my own contributions (if any) are subject to certain aggregate limits under federal tax law.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**Return this form with your HSA Enrollment Form to the Human Resource Department no later than Friday, December 2, 2022.**