**Xenia Community Schools**

**2020 Health Savings Account Eligibility & Contribution Form**

To be eligible for a Health Savings Account (HSA), you must:

* Be enrolled in Xenia Community Schools’ Health Insurance;
* Have no other first-dollar medical insurance (spouse’s insurance, Tri-Care, etc.)
* Not be enrolled in Medicare currently or at any time during 2020; and
* Not have access to a flexible spending account (limited FSA is allowable) after December 31, 2019

\_\_\_ I meet the above criteria and am eligible for the HSA. Please deposit the BOE contribution into my H.S.A. account:

Key Bank H.S.A. #\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(only required for new enrollments)

\_\_\_ I am not eligible for an H.S.A. because I am enrolled, or will be enrolled, in Medicare (Tri-Care, or Medicaid) at any time during 2020.

\_\_\_ I will be leaving the district on \_\_\_\_\_\_\_\_\_\_\_\_ (prior to December 31, 2020) and only wish that a pro-rata share be placed in my H.S.A. (Should you not leave the district as planned, the district will place the balance in your account once the treasurer’s office receives such a request.)

Printed Name Last 4 digits of SSN

 Plan: Single / Family (circle one)

Signature Date

**Health Savings Account - Additional Payroll Contribution**

The IRS limits to an H.S.A. for calendar year 2020 are $3,550 for single coverage and $7,100 for family coverage. If you are turning age 55 at any time during 2020, you are entitled to contribute an additional $1,000 above those respective limits. The Xenia Board of Education will contribute $900 (single) or $1,800 (family) in 4 quarterly payments (January, April, July, October) to your H.S.A. in 2020.

As a reminder, the health insurance deductible for the 2020 calendar year is $2,000 for single coverage and $4,000 for family coverage.

For calendar year 2020, I wish to have the following voluntary contributions to my HSA starting with the first pay in January:

$ per pay x (number of pays 1-24) = $ \*Total Contribution
**\*This amount should match the annual contribution amount that you entered in Benelogic.**

*Please complete this form and return to your building secretary by November 6th, 2020.*