

**State of Idaho Health Plan – Health Savings Account (HSA) Enrollment Form**



Must be enrolled on High Deductible Health Plan (HDHP) to participate

Plan Year: 7/1/2024 – 6/30/2025 (FY2025)

**Employee Information – Please write legibly to ensure proper enrollment**

<b>Last Name, First Name</b>		<b>SSN</b>
<b>Home Address</b> (Street, City, State, Zip Code)		
<b>Date of Birth</b>	<b>Phone Number</b>	<b>Email Address</b>
<b>Agency</b>	<b>Date of Hire</b>	<b>Benefit Effective Date</b>

**(HSA) FY2025 Annual Employee + Employer Contribution Limits**

- Individuals with single HDHP coverage, your employer will contribute \$500 and you may contribute up to \$3,650
- Individuals with family HDHP coverage, your employer will contribute \$1,000 and you may contribute up to \$7,300
- If you are 55 or older July 1, 2024 – June 30, 2025, you can contribute an additional \$1,000, or a total of \$4,650 for single coverage or \$8,300 for family coverage
- If at any point during the plan year, you obtain other coverage (e.g. Medicare, Medicaid, spouse’s non HDHP plan) you may no longer make contributions to the HSA.

If you are newly enrolling or making changes mid-year, consult your HR office on the number of remaining pay cycles in the plan year.	Employee Pre-tax Payroll Deduction	FY2025 Total HSA Annual Election
<b>NEW ENROLLMENT</b>	\$ _____ per pay period	x _____ pay periods remaining in the plan year = \$ _____
<b>55 AND OLDER CATCH UP</b> <i>* From the month you turn 55, you may contribute an additional amount to your HSA.</i>	\$ _____ per pay period	x _____ pay periods remaining in the plan year = \$ _____
<b>CHANGE IN DEDUCTION AMOUNT</b>	\$ _____ per pay period	x _____ pay periods remaining in the plan year = \$ _____

NOTE: Your HSA will include a \$1.50 administrative fee which will be deducted from your HSA balance each month.

**Debit Card & Direct Deposit**

<b>Navia Debit Card</b> – You may use the card to pay for expenses directly from the funds in your HSA. There is no cost for the initial card; cards are valid for 3-year periods. You must provide a valid email address to use the card.	Automatic
--	-----------

**Signature**

I acknowledge that the amount input above will be withdrawn from my paycheck and deposited into my HSA account. I understand the eligibility requirements for the HSA and I state that I am responsible for determining whether I qualify to make contributions to this HSA. I am also responsible for ensuring that all contributions (including the combination of employer and employee or other contributions) are within the maximum limitations set forth by the tax laws, taking into account my coverage under a high deductible health plan. I hereby authorize and direct my employer to reduce my salary by the amount necessary to pay for the benefit(s) as shown above for the plan year indicated above. I agree to indemnify and reimburse the Employer on demand for any liability it may incur for failure to withhold federal, state or local income tax or Social Security tax from any reimbursement I receive of a nonqualifying expense, up to the amount of additional tax actually owed by me. If contributions are made to the HSA in error, I authorize my employer to deduct those additional amounts from my pay. I understand and certify that I am eligible to make contributions to a Health Savings Account under Code Section 223. THIS AGREEMENT IS SUBJECT TO THE TERMS OF THE EMPLOYER'S CAFETERIA PLAN, AS AMENDED FROM TIME TO TIME IN EFFECT, SHALL BE GOVERNED BY AND CONSTRUED IN ACCORDANCE WITH APPLICABLE LAWS, SHALL TAKE EFFECT AS A SEALED INSTRUMENT UNDER APPLICABLE LAWS, AND REVOKES ANY PRIOR ELECTION AND COMPENSATION REDUCTION AGREEMENT RELATING TO SUCH PLAN.

**YES, I understand the requirements of the Health Savings Account and I elect to participate as indicated**

<b>Employee Signature</b>	<b>Date</b>
X	

**Completed Enrollment Forms must be returned to Human Resources**

Please see the reverse side for important information regarding the above benefits

---

**Additional Information**

---

- HSA benefits can be accessed by using your Navia debit card or by requesting payment to the provider or reimbursement to yourself. Login to the Navia participant portal to access your HSA.
- For all HSA disbursements, it is advisable to keep supporting documentation for your tax files.
- If you participate in a Health Savings Account (HSA) then you may not participate in the regular Health Care FSA. You may elect a limited Health Care FSA, available for reimbursement of dental, vision, and orthodontia expenses only. See your FSA Summary Plan Description for more information.

**Deductions**

---

- HSA deductions will be deducted from your paycheck evenly throughout the plan year.

**Change in Status**

---

- HSA elections can be changed not more than once per pay period. A qualifying life event is not required to make changes under the HSA. Please contact HR to make changes.

**Eligibility**

---

- Independent contractors and self-employed individuals are not eligible to participate in the Plan. Self-employed individuals include: Sole Proprietors of their own business; General Partners in a general partnership and General Partners in a limited partnership; Limited Partners of partnerships with guaranteed payments; more than 2% Shareholders of an S corporation as well as the spouse, children, parents, and grandparents of a more than 2% Shareholder; and non-employee Members of an LLC. It is your responsibility to determine your eligibility.
- Any expense incurred prior to your HSA effective date is ineligible to be reimbursed from the HSA.
- Your HSA benefits are yours to take with you when you terminate employment, and expenses incurred post-termination are eligible.

**Debit Card**

---

- You will receive one card by default, but you can request additional cards.

**Electronic Disclosure Notice**

---

- By providing your email address you consent to receive email communications from Navia, agents, and subcontractors regarding the Plan.
- If you no longer wish to receive information electronically, you may withdraw consent at any time at no cost. To withdraw consent, please contact Navia.
- You have a right to receive a paper version of an electronically furnished document at no cost.
- To access documents, you must have Adobe Reader. A link to download this software will be provided with all electronic documents provided.