HSA CONTRIBUTION ELIGIBILITY

PART 1. HSA OWNER

Name *(First/MI/Last)*_____

Social Security Number_____

Date of Birth_____ Phone_____

Email Address_____

Account Number_____ Suffix_____

PART 2. HSA TRUSTEE OR CUSTODIAN

To be completed by the HSA trustee or custodian

Name Delta Community Credit Union

Address Line 1 Attn: IRA Department

Address Line 2 1025 Virginia Ave

City/State/ZIP Atlanta, GA 30354

Phone (404) 677-4600 Organization Number_____

PART 3. CONTRIBUTION TYPE ELIGIBILITY REQUIREMENTS

To be eligible for an HSA contribution type listed below, all statements for that contribution type must be true. Refer to page 2 for rules and conditions that apply to contribution eligibility.

REGULAR *(Includes catch-up contributions and qualified HSA funding distributions from an IRA)*

- ☐ I am covered by an HSA-eligible high deductible health plan (HDHP).
- ☐ I am not covered by a nonHDHP that provides coverage for any benefit that is also covered under the HDHP (with limited exceptions).
- ☐ I am not enrolled in Medicare.
- ☐ I am not eligible to be claimed as a dependent on another person's tax return.

If this contribution is a qualified HSA funding distribution from your IRA, the following statements also must be true.

- ☐ I have not previously completed a qualified HSA funding distribution from my IRA.
- ☐ This is a direct movement of assets from my IRA into this HSA.

ROLLOVER *(Distribution from an HSA or Archer MSA that is being deposited into this HSA)*

- ☐ I received the assets from the distributing HSA or Archer MSA within the last 60 days.
- ☐ I have not rolled over any assets to an HSA in the last 12 months.

PART 4. SIGNATURE

I certify that all of the information provided by me is accurate and may be relied upon by the trustee or custodian. I certify that I am eligible for the type of HSA contribution being made.

X_____ _____

Signature of HSA Owner Date *(mm/dd/yyyy)*

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RULES AND CONDITIONS APPLICABLE TO HSA CONTRIBUTION ELIGIBILITY

HSA contribution rules are often complex. The general rules are listed below. If you have any questions regarding a contribution, please consult with a competent tax professional or refer to IRS Publication 969, *Health Savings Accounts and Other Tax-Favored Health Plans*, for more information. This publication is available on the IRS website at www.irs.gov or by calling 1-800-TAX-FORM.

REGULAR

You may contribute to an HSA if all of the following apply.

- **High Deductible Health Plan (HDHP).** You are covered by an HSA-eligible HDHP. An HDHP is a health plan that satisfies each of the following requirements regarding deductibles and out-of-pocket expenses. The rules that define HSA-eligible HDHPs can be complicated. Check with your health insurance provider to determine if your health plan coverage is HSA-compatible.
  - For self-only coverage, the annual deductible is at least $1,650 (for 2025) or $1,700 (for 2026) and annual out-of-pocket expenses cannot exceed $8,300 (for 2025) or $8,500 (for 2026).
  - For family coverage, the annual deductible is at least $3,300 (for 2025) or $3,400 (for 2026) and annual out-of-pocket expenses cannot exceed $16,600 (for 2025) or $17,000 (for 2026).
- **Other Coverage.** Generally, you may not be covered under any other type of nonHDHP benefit program, such as health flexible spending arrangements and health reimbursement arrangements, or have received Veterans Affairs (VA) medical benefits. Exceptions exist for vision, dental, long-term care, disability, and preventive care.
- **Medicare.** You may not be enrolled in Medicare.
- **Dependent.** You may not be eligible to be claimed as a dependent on another person's tax return.
- **Contribution Limit.** The total amount you may contribute to an HSA for any tax year may not exceed the following annual limits.
  - For self-only coverage, $4,300 (for 2025) or $4,400 (for 2026).
  - For family coverage, $8,550 (for 2025) or $8,750 (for 2026).
- **Catch-Up Contribution.** If you are age 55 or older by the end of the year, you may be eligible to make an additional $1,000 catch-up contribution to an HSA for that tax year.
- **Qualified HSA Funding Distribution.** A qualified HSA funding distribution is a one-time direct movement of assets from a Traditional IRA or Roth IRA to an HSA, and is treated as a regular HSA contribution. If your insurance coverage changes from self-only to family during the year, you may make an additional HSA funding distribution to meet, but not exceed, the family coverage contribution limit.

ROLLOVER

Timeliness. The assets you receive from the distributing HSA or Archer medical savings account (MSA) generally must be deposited into another HSA within 60 calendar days.

Twelve-Month Restriction. You are entitled to one HSA rollover contribution in a 12-month period.

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