



Health Savings Account (HSA) Notice to Employees regarding Employer Contributions to HSAs

This notice explains how you may be eligible to receive contributions from City of Corpus Christi if you are covered by a High Deductible Health Plan (HDHP).

The City of Corpus Christi provides contributions to the Optum Health Savings Account (HSA) of each employee who is an eligible employee as defined by the Internal Revenue Code (“eligible employee”). **The complete definition of eligibility can be found in the Internal Revenue Code (IRC) § 223.**

Eligibility includes but is not limited to:

- Participation in a qualifying high deductible plan. The City’s two eligible plans are Citicare CDHP and the CDHP Public Safety Plan.
- You cannot be claimed as a dependent on another person’s tax return.
- You cannot be covered under any other health plan which is not a high deductible health plan. Some examples of disqualifying coverage are Tricare, Medicare, full VA Benefits, enrollment in an FSA, or enrollment in any non-CDHP plan.
- To receive the HSA Contribution made by the City for your spouse or children, they must also be eligible under IRS § 223.

If you are an eligible employee, you must do the following in order to receive an employer contribution:

- (1) Complete the form on the next page titled “Appointment of Employer as Authorized Agent to Open and HSA” and
- (2) return the completed and signed form to Human Resources – Health Benefits or email the completed signed form to EmployeeBenefits@cctexas.com prior to your benefit effective date.

__If you return the signed form on page 2 you will receive the City’s HSA contributions by the Wednesday following your first paycheck. If, however, you do not return the accurately completed and signed form prior to your benefit effective date, then we are not required to make any contributions to your HSA.

__It is not possible for us to make contributions or withhold contributions from your pay without the accurately completed and signed form. If the form is not received by February 2020, you will forfeit the fiscal year 2019-2020 City Contribution.

__By signing the form, you certify that you are eligible for an HSA under IRC §223. You understand that you will be responsible for saving your medical receipts and explanations of benefits (EOB) with your tax files to substantiate that all charges to your HSA account were for eligible medical expenses, and you also understand that you are required to file IRS Tax Form 8889 *Health Savings Accounts (HSAs)* annually with your Federal Tax Return.

****Under the Internal Revenue Code, you must notify the City within 30 days if you (or your dependents) become ineligible to participate in an HSA under § 223****

*If you have any questions about this notice, you can contact Health Benefits at (361) 826-3300. The information provided is general in nature and is not intended as legal or tax advice. Since the administration of an HSA as taxpayer (your) responsibility please review IRS publications 969, *Health Savings Accounts*, and 502, *Medical and Dental expenses*.*

Appointment of Employer as Authorized Agent to Open an HSA

By signing in below, I appoint the City of Corpus Christi ("Employer") as my agent in order to open and administer an Optum Bank Health Savings Account ("HSA") on my behalf, and authorize Employer to send and receive information to and from Optum Bank on my behalf in order to accomplish this purpose.

Please Initial:

 I certify that I am eligible to contribute to an HSA under Internal Revenue Code (IRC) Section 223.
 If enrolling my spouse or children in coverage: I certify that my spouse and/or children are eligible under IRC §223 to receive the tax-free City contribution.

See the Health Savings Account notice on the previous page and the IRC §223 for more information on eligibility and responsibilities to the IRS including saving receipts and filing tax form 8889 with your Federal tax return annually.

I understand and instruct Bank unless otherwise notified to provide the *Custodial and Deposit Agreement* and all other HSA notices, disclosures and information related to and governing my HSA ("HSA Documentation") at www.optumbank.com or by calling the phone number listed on the back of my HSA debit card. I certify that I have been provided a statement of the hardware and software requirements for access to and retention of electronic records in accordance with applicable law or regulations and that I have the ability to access the Optum Bank website where electronic statements and other documentation are stored.

To help the government fight the funding of terrorism and money laundering activities, federal law requires that Optum Bank obtain, verify, and record information that identifies each person who opens an account. Accordingly, I provide the following information to Employer and authorize Employer to forward this information to Optum Bank. I understand that Optum Bank may also ask to see my driver's license or other identifying documents before opening my account.

_____	_____	_____	
<i>First Name</i>	<i>Middle Initial</i>	<i>Last Name</i>	
_____	_____	_____	_____
<i>Residential Street Address (Not P.O. Box)</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
_____	_____	_____	
<i>Home Phone Number</i>	<i>Date of Birth (mm/dd/yyyy)</i>	<i>Social Security Number</i>	
_____	_____		
<i>Country of Citizenship</i>	<i>Residency Status: (US Citizen or Permanent / Resident Alien or Non-Permanent/Non-Resident Alien)</i>		

I am requesting a second debit Card for my spouse.

Circle one: YES NO

If yes, please fill in Spouse's name as it should appear on the debit card:

_____	_____	_____
<i>First Name</i>	<i>Middle Initial</i>	<i>Last Name</i>

I agree that Employer will remain my agent unless: (i) I submit written notice to Employer that I intend to terminate this appointment, and Employer has a reasonable period of time to act on such notice; (ii) I inform Employer that I am no longer an HSA eligible individual; or (iii) I receive a notice from Optum Bank that my application for an HSA has been declined. By signing below, I agree to the above. I also authorize Optum Bank to make any inquiries that it considers appropriate to determine if it should open and maintain my HSA.

_____	_____	_____
<i>Employee Signature</i>	<i>Employee ID#</i>	<i>Date</i>

*** Please return this completed and signed form to your Employer *
Do not send this form to Optum Bank**