Northwest Center
People of all abilities

HSA Enrollment Form 2026

If enrolling in the Health Savings Plan

Section 1: EMPLOYEE INFORMATION

Employee name: _____ **Married/Unmarried:** _____

Home address (no PO Box)**:** _____

Mailing address (if different than home address)**:** _____

Date of birth: _____ **SSN** (required)**:** _____ **Gender:** _____

Section 2: HSA ELIGIBILITY

You must meet certain requirements to be eligible to contribute to an HSA. Please answer each question below to confirm your eligibility.

I am not covered by another health plan that is not a High Deductible Health Plan (e.g. you are not covered under another employer's health plan, your spouse's employer's health plan, your parents' employer's health plan, an individual health plan, etc.)	☐ True ☐ False
My spouse or parent (if your parent claims you as a dependent) will not have a cash balance in a general-purpose health flexible spending arrangement (FSA). A limited purpose FSA is ok.	☐ True ☐ False
I do not have a cash balance in a "general-purpose" health FSA	☐ True ☐ False
I am not enrolled in TRICARE as an active duty or retired service member	☐ True ☐ False
I am not enrolled in Medicare	☐ True ☐ False
I am not receiving Veterans Administration (VA) health benefits or IHS (within the last three months), except for preventive care (if you are a veteran with a disability rating from the VA, this exclusion does not apply)	☐ True ☐ False
I cannot be claimed as a dependent on another taxpayer's federal income tax return	☐ True ☐ False

If you answered "True" to each question you are eligible for an HSA. Please complete the rest of the form.
If you answered "False" to any question you are not eligible for an HSA at this time. You can still enroll in NWC's Health Savings Plan, but you cannot contribute or receive contributions to a Health Savings Account. Please select "I decline the HSA because I am not eligible" in Section 3.

Section 3: HSA ELECTION AND CONTRIBUTIONS

Election	2026 contribution limit*	NWC's contribution	Your contribution	
			Under age 55	**Age 55 and over in 2026****
☐ Employee only	**$4,400**	**$1,000**	Max contribution = $3,400 ☐ $141.67/paycheck (max)* ☐ _____ /paycheck	Max contribution = $4,400 ☐ $183.33/paycheck (max)* ☐ _____ /paycheck
☐ Employee & one or more dependents	**$8,750**	**$2,000**	Max contribution = $6,750 ☐ $281.25/paycheck (max)* ☐ _____ /paycheck	Max contribution = $7,750 ☐ $322.92/paycheck (max)* ☐ _____ /paycheck
☐ I decline the HSA because I am not eligible.				

*NWC will take deductions out of 24 paychecks throughout the calendar year.

**The IRS allows an additional $1,000 catch-up contribution for individuals age 55 and over, including those who will turn age 55 in 2026.

SIGNATURE AND DATE

By my signature below, I certify that:

- I am or will be covered by a High Deductible Health Plan (HDHP), I am not enrolled in Medicare or covered under other health insurance that is not compatible with an HSA, and I may not be claimed as a dependent on another person's tax return (excluding spouses per the IRS).
- I have read and understand the terms and conditions of the Health Savings Account as received from my employer.
- Premera is hereby appointed to serve as custodian of my Health Savings Account,
- When you open an account, Premera will need you and your authorized signer's name, street address, date of birth and other information that will allow Premera to identify you and your authorized signer. Premera may also ask to see your driver's license or other identifying documents.
- Pre-tax compensation reductions will reduce my taxable income for Social Security purposes and may result in a reduction of Social Security benefits that I, or my dependents, may become entitled to in the future.
- If I wish to change my HSA election amount, any change must be made prospectively and may not occur more frequently than once a month.

Employee Signature: _____ **Date:** _____