



2021 Health Savings Account (HSA)



Eligibility Form

For OpenRoad Participants

ASSOCIATE INFORMATION:

Name _____

Associate # _____

Last 4 digits of Social Security # _____

Email Address _____ Daytime Phone # _____

All existing and new OpenRoad participants must submit this form AND have an active OptumBank Health Savings Account within 4 months of the date you become eligible in order to receive the DENSO company contribution to your account.

**NOTE: Your eligibility date is the beginning of the plan year (January 1) or the date you become eligible for the OpenRoad plan.*

Eligibility Date: _____

STEP 1: Verify your eligibility for a HSA.

To be eligible to receive the DENSO contribution for your HSA, you must satisfy **all of the following statements** (please check those that apply to you to confirm your eligibility).

- I am enrolled in OpenRoad.
- I am not enrolled in a Health Care Flexible Spending Account (FSA) in 2021 or have a rollover from 2020.
- I am not enrolled in Medicare – including Medicare Parts A, B, D, or a Medicare Advantage program.
- I am not eligible to be claimed as a dependent on someone else’s tax return.
- I am not covered by any of the following insurance or accounts (for more details, see IRS Publication 969):
 - Spouse or domestic partner’s non-QHDHP
 - Your spouse’s health care FSA
 - TRICARE / TRICARE for Life
 - You or your spouse’s/domestic partner’s Health Reimbursement Account (HRA)
 - Any Veterans Affairs benefits used within previous three months
 - National health care insurance provided by foreign countries while an expatriate.
- You must immediately notify DENSO of any changes in the information you provided above.**

STEP 2: Open a HSA through OptumBank if you do not have an active account.

See your HR/Benefits Department for a personalized link or visit DENSOBenefits.com (username: DENSO)

STEP 3: Login to your Empower Retirement account (www.EmpowerMyRetirement.com) to set and/or change your individual HSA contributions.

ACKNOWLEDGEMENT:

I understand that I am entirely responsible for ensuring my eligibility and my compliance with tax requirements associated with participating in the HSA. I confirm that I understand there is an annual maximum contribution limit that is prorated by the number of months I am eligible to contribute. It is my responsibility not to exceed the annual maximum contribution limit.

By signing this form and returning it to DENSO, I certify that all of the statements above are true. I agree that I will notify HR/Benefits immediately in writing if I cease to meet any of these conditions. I also understand that DENSO may make contributions to an HSA on my behalf on the basis of my certification and that the Employer’s HSA contributions and my own HSA contributions (if any) are subject to certain aggregate limits under federal tax law.

Participant’s Signature: _____

Date: _____

Administrative Use Only Payroll Entry Date: _____
