



# 2022 Health Savings Account (HSA) Eligibility Form

For OpenRoad Participants



Associate Name: \_\_\_\_\_

Associate #: \_\_\_\_\_ Last 4 digits of SSN: \_\_\_\_\_

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.

**Eligibility Date:** \_\_\_\_\_

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

**Step 1: Verify your eligibility for a HSA and return completed form to your local HR/Benefits.**

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 2022 or have a rollover from 2021.
- 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-qualifying high deductible health plan
  - Your spouse’s Health Care FSA
  - TRICARE / TRICARE for Life
  - You or your spouse’s/domestic partner’s Health Reimbursement Account (HRA)
  - Any Veteran’s Affairs benefits used within previous three months
  - National health care insurance provided by foreign countries while an expatriate

**\*You must notify DENSO immediately 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 [www.DENSOBenefits.com](http://www.DENSOBenefits.com).

**Step 3: Login to your Empower Retirement account ([www.EmpowerMyRetirement.com](http://www.EmpowerMyRetirement.com)) to set and/or change your individual HSA contributions.**

**ACKNOWLEDGEMENT:**

I understand I am entirely responsible for ensuring my eligibility and my compliance with tax requirements associated with participating in the HSA. I confirm 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 all of the statements above are true. I agree to notify HR/Benefits immediately in writing if I cease to meet any of these conditions. I also understand DENSO may make contributions to my HSA on my behalf on the basis of my certification. 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: \_\_\_\_\_