

HSA Eligibility & Coverage Check (1-Page Form)

Purpose: Prevent accidental ineligibility or overcontributions

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| Current Health Plan Type (HDHP?) | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Coverage Type | Single <input type="checkbox"/> Family <input type="checkbox"/> |
| Other Coverage Check | FSA <input type="checkbox"/> Spouse Plan <input type="checkbox"/> Medicare <input type="checkbox"/> None <input type="checkbox"/> |
| Eligible Months This Year | _____ |
| Prorated Contribution Limit | \$ _____ |

Notes:

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Tip: If your coverage changed mid-year, re-check eligibility and prorated limits to avoid penalties.