

Health Savings Account (HSA) Acknowledgement

How to open your account

1. Access online registration at, www.mybenefitwallet.com



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[First time user](#) | [Forgot user ID](#)

User ID:

Home

Members

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2. Choose "First Time User" and complete the requested information.
3. Look for a welcome letter in the mail at your home address. Do **not** throw this envelope away. Complete the Master Signature Card, designate account beneficiaries, and request a checkbook. Return the card to BenefitWallet.
4. Within four to seven business days of account activation, BenefitWallet will mail you a debit card. Debit cards and checkbooks are mailed in generic envelopes.

Important Information

- An HSA is a pre-tax savings account designated for qualified medical expenses. An HSA allows you to pay qualified medical expenses now, as well as save for future qualified medical expenses.
- The account has a \$2.25 monthly fee for balances under \$3,000.
- You have the opportunity to invest your HSA balance once it reaches \$1,000 for a \$2.90 monthly fee.
- The entire fee schedule is listed at <http://hr.okstate.edu/sites/default/files/docfiles/BenefitWallet%20Fees.pdf>.
- Unused funds roll over from year to year. There is no "use it or lose" rule. The money in your HSA is yours, regardless if you retire or separate from the University.
- 2017 HSA maximum contributions for an employee-only account per year is \$3,400 or \$6,750 for family coverage (must include any employer contributions). Employees age 55 or older may elect an additional \$1,000 catch-up contribution.
- Per IRS regulations, you cannot have an HSA and FSA within the same calendar year.
- If you are enrolled in Medicare Part A and/or Part B, you cannot participate in an HSA.
- Refer to FAQs at www.mybenefitwallet.com.

Please check the applicable box(es):

- BlueEdge, Employee only coverage, OSU Contribution: \$83.34 per month;
Employees with Dependent Coverage, OSU Contribution \$125.00 per month
- BlueEdge, Employee Contribution: \$ _____ per month
- STOP **OSU** and/or **Employee** Contribution Effective: _____
(circle **one** (or **both** if stopping for reasons relating to HSA governing rules, i.e, enrolled in Medicare))

In order to receive employer contributions or make employee contributions, I understand that I must open my Health Savings Account with BenefitWallet. Contributions will begin effective the month following the opening of my account. If enrolled in Medicare Part A and/or B, I cannot participate in HSA. I understand that if I enroll in Medicare Part A and/or Part B, it is my responsibility to notify my employer to cease all further employee and/or employer contributions.

Employee signature _____ Date _____

Employee name _____ CWID _____

For office use only:

Account Opened: _____

Effective Date: _____