Q3 *Business Technology Corp.* ***www.q3online.com***
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Fort Wayne, IN 46885 ***Fax 260.492.9989***

HSA Eligibility Form

Plan Name: _____

Enrollee Name: _____ ID/SSN #: _____

Medicare/Social Security/Tax

Are you currently collecting social security benefits? ❍ Yes ❍ No

Are you currently enrolled in Medicare? ❍ Yes ❍ No ❍ I'm not sure

Have you ever received an ID card from Medicare? ❍ Yes ❍ No

Can you be claimed as a dependent on another persons tax return? ❍ Yes ❍ No

Are you covered by a general purpose health care flexible spending account (FSA) or health reimbursement account (HRA)? ❍ Yes ❍ No

Other Healthcare Coverage

Do you receive benefits under Tricare (Tricare is a health care program of the Department of Defense Military Health System)? ❍ Yes ❍ No

Have you received medical benefits from Veterans Administration (VA) for any non-service-connected disabilities at any time during the previous three months? ❍ Yes ❍ No

Are you or any family members currently enrolled in any other healthcare coverage or plan? ❍ Yes (please complete this section) ❍ No (skip the rest of this section)

Please list all family members enrolled in the other coverage:

_____

Does the other coverage qualify as an HSA eligible High Deductible Health Plan? ❍ Yes ❍ No ❍ I'm not sure

I hereby certify that the above answers are true and complete to the best of my knowledge and are the basis under which benefits are provided under this Plan. **I agree to notify the Plan in the event of a change in any of the information requested above.**

_____ _____
Signature of Enrollee Date