HealthEquity®

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HSA/HDHP DEDUCTIBLE FORM

Proof of Having Met Annual HDHP Deductible

Claim Filing Options:

- **Toll-free fax:** 877.353.9236.
- **Or, Mail to:** Claims Administrator, PO Box 14374, Lexington, KY 40512

ACCOUNT HOLDER INFORMATION

Last Name

First Name

ID Code (last 4 digits)*

Zip Code

Birth Month/Day (MM/DD)

Email address (complete only if new)

Employer / Program Sponsor's Name

INSTRUCTIONS

1. Complete this form in its entirety.
2. Include proof from your High Deductible Health Plan (HDHP) provider that verifies you and/or your covered family member(s) met the IRS required minimum annual deductible with in-network expenses for your plan and the service date for which it was met. For example, an Explanation of Benefits (EOB).
3. Submit (1) this completed form and (2) documentation of proof of when you met the IRS required minimum annual deductible to the fax number that appears at the top of this page.
4. Please allow 5 business days for processing of this form BEFORE submitting any new Health Care FSA Claims. You can confirm the status of your HC FSA online at **www.HealthEquity.com** or over the phone at 877.924.3967.
5. Please send/fax your HSA claim under a separate submission after this HDHP form has been submitted to ensure appropriate claims handling.

HDHP DEDUCTIBLE INFO

Per IRS Regulations, you must submit proof of having met the statutory minimum annual in-network deductible in order to switch from HSA-Compatible (Limited) to Standard coverage. Your HDHP documentation will need to indicate you met the statutory minimum annual deductible indicated below.

Select ONE to indicate your level of coverage, deductible amount met, and for which calendar year:

LEVEL OF COVERAGE	MET	2025 DEDUCTIBLE	MET	2026 DEDUCTIBLE
Single	☐	$1,650 or more	☐	$1,700 or more
Family (one or more)	☐	$3,300 or more	☐	$3,400 or more

Your deductible may be higher but cannot be lower than the annual statutory limits displayed above.

Enter the Date of Service for the medical care that enabled you to meet your in-network statutory minimum annual deductible:

Date Statutory Minimum Annual Deductible Met

MM DD YY

Date of Service on attached HDHP documentation

CERTIFICATION AND AUTHORIZATION

Submission of this form and the accompanying documentation from your High Deductible Health Plan (HDHP) provider serves as certification that you have met the statutory minimum annual deductible and that your Health FSA will now accept all eligible 213(d) medical expenses—enabling the payment of any eligible medical, pharmacy and/or over-the-counter expenses covered by your plan. Your employer has established that the Health Care FSA is a limited purpose plan restricted to vision, dental, and post-deductible expenses. In other words, medical claims are not eligible for reimbursement until after your deductible has been met. In order to have your account changed to a full purpose FSA you must show proof that your deductible has been met and the date it was met. Medical expenses incurred after that date are eligible for reimbursement. You will need to elect HSA-Compatible coverage during open enrollment in order to continue to qualify for an HSA during the following year. Use of this service indicates your acceptance of the HealthEquity User Agreement (available upon registration at www.HealthEquity.com; enter user name and password or click on the Employee Registration link).

By submitting this form and the accompanying documentation you are certifying this is true and correct under the penalty of perjury.

* Your ID Code is the last 4 digits of your Social Security Number, your Employee Number or other reference number assigned by your program sponsor. Please check the enrollment instructions provided by your program sponsor for more information about your ID Code.