STRAIGHT ANSWERS TO YOUR HSA QUESTIONS

Health Savings Account

HSA OVERVIEW

What is a Health Savings Account?

A Health Savings Account (HSA) is a tax-exempt trust or custodial account established for the purpose of paying or reimbursing qualified medical expenses of you, your spouse, and your dependents. Contributions to an HSA are tax deductible, the earnings grow tax deferred, and distributions to pay or reimburse qualified medical expenses are tax free.

What are My Responsibilities as an HSA Owner?

Each year you are responsible for determining your eligibility and allowable annual HSA contribution and whether you have qualified medical expenses eligible for reimbursement with nontaxable HSA distributions. You are encouraged to seek this guidance from a tax or legal professional.

How Do I Establish an HSA?

If you are eligible, you can establish an HSA in much the same way you would establish an IRA. After consulting with your tax or legal professionals, see your HSA custodian/trustee for help to complete the forms necessary to establish an HSA.

HSA ELIGIBILITY

Am I Eligible for an HSA?

You are an eligible individual and may make regular HSA contributions if you are covered under a qualifying high deductible health plan (HDHP) on the first day of a month and answer “No” to each of the following questions:

1. Do you have other health coverage (except permitted coverage)?
2. Are you enrolled in Medicare?
3. Are you claimed as a dependent on another person’s tax return?

What is an HDHP?

An HDHP is a health plan with an annual deductible, based on the type of insurance coverage, that is no less than the amounts shown in the chart that follows:

HDHP Minimum Annual Deductible		
Tax Year	Self-Only Coverage	Family Coverage
2024	$1,600	$3,200
2025	$1,650	$3,300
2026 and later	$1,650*	$3,300*

* Subject to annual cost-of-living adjustments, if any.

To be a qualifying HDHP, the annual deductible must be met before benefits under the health plan can begin. The only exceptions to this requirement are certain preventative health care benefits, such as annual physicals, immunizations, all types of breast cancer screening (including mammograms, MRIs, ultrasounds, etc.) for individuals who have not been diagnosed with breast cancer, over-the-counter (OTC) oral or emergency contraceptives, male condoms, etc., can be provided before the deductible is met. Also, for plan years beginning January 1, 2023, a health plan does not fail to qualify as an HDHP because it fails to have a deductible for selected insulin products, without regard to whether the insulin product is prescribed to treat an individual diagnosed with diabetes or prescribed for the purpose of preventing the exacerbation of diabetes or the development of a secondary condition. This includes continuous glucose monitors if used only for these purposes. Further, the IRS has stated that only actual medical expenses incurred by the covered individual count toward the deductible. These particular aspects of the annual deductible can be problematic when certain state laws are enacted or individuals take advantage of certain other types of health benefits or insurance and they conflict with the federal HSA rules.

A state law example is when a state forbids health plans from implementing or enforcing copay accumulator adjustment programs - programs that prevent the value of any coupons, discounts or vouchers offered by pharmaceutical companies from counting towards an individual's deductible and annual maximum out-of-pocket costs. These state laws require that any amount paid by the individual, *or on their behalf by another party* (*including drug manufacturer cost assistance*), is included when calculating the individual's total contribution to a deductible, an out-of-pocket maximum, or other cost-sharing requirement. These benefits sound nice but, as they are generally intended for treating existing illnesses or conditions, they can violate the federal preventative health care benefits limitation. They also could reflect costs covered by someone other than the individual, thus they would violate the federal "actual expenses incurred" limitation. **Other than if the state law specifically provides that it does not apply to qualifying HDHPs when paired with an HSA**, these violations mean the individual cannot contribute to an HSA. Even if the individual never takes advantage of those benefits, just the fact that the individual's health plan includes these provisions can make it a non-HSA eligible HDHP plan. As state responses to this situation are varied and the ramifications of making excess contributions or taking tax deductions when ineligible can be severe, you will want to contact your tax or legal professional for guidance.

A type of impermitted insurance that can cause issues with the annual deductible requirements is emergency medical travel insurance. This type of travel insurance generally disqualifies you from making contributions to your HSA, at least for a period, because it pays benefits for non-preventative health care below the minimum annual deductible. If you purchase coverage for a specific trip, you may be disqualified during that trip only. However, if you purchase blanket emergency medical travel coverage, such as through your credit card or travel agent where you are covered automatically whenever you travel, you may be disqualified for the entire period in which you have this coverage. As there may be options you can exercise leaving you eligible to make contributions during certain periods, and there are also certain employer offered health-related benefits that rule out HSA eligibility for either all employees or only those who take advantage of the benefit, you will want to contact your tax or legal professional for guidance.

Are There Other Requirements for the HDHP?

Yes. For HSA purposes, the HDHP must limit out-of-pocket expenses, based on the type of insurance coverage, to no more than the amounts shown in the chart that follows:

Maximum Out-of-Pocket Expense Limit		
Tax Year	Self-Only Coverage	Family Coverage
2024	$8,050 **	$16,100 **
2025	$8,300 **	$16,600 **
2026 and later	$8,300* **	$16,600* **

* Subject to annual cost-of-living adjustments, if any.

** If the plan uses a network of providers, this limit only applies to deductibles and out-of-pocket expenses that are in-network.

Contact your health plan provider for assistance in determining if your HDHP meets the requirements for an HSA.

Can I Have an HSA and Participate in a Health Flexible Spending Account (FSA)?

One of the general rules for HSA eligibility is that if you are covered under another health plan that is not an HDHP, you are not an eligible individual, and you cannot make regular contributions to an HSA. A health FSA is considered a non-HDHP because you can use the assets in the FSA before you have met your deductible in the HDHP. However, if you are covered by a limited purpose or post-deductible health FSA, and are otherwise eligible, you can make regular contributions to your HSA.

Keep in mind, your "coverage" is not limited to health plans you are directly participating in. You also could be covered by plans that are tied to someone else (i.e., your spouse). If your spouse is enrolled in a general health FSA, that FSA automatically covers the participating employee (your spouse) and his/her spouse (you) and children to age 26, no matter if they never file a reimbursement claim or use the health FSA debit card for their own medical expenses. In this situation, you are covered by the health FSA by your relationship to the participating employee and you are not eligible to make regular contributions to your HSA.

HSA CONTRIBUTIONS

Who Can Contribute to My HSA?

If you meet the eligibility requirements for an HSA you, your employer, your family members, and any other person (including nonindividuals) may contribute to your HSA. This is true whether you are employed, self-employed or unemployed.

How Much Can Be Contributed to My HSA?

The maximum annual contribution amount is the standard limit as shown in the chart that follows. It is reduced by any employer contributions to your HSA, any contributions made to your Archer MSA, and any qualified HSA funding distributions from your IRA to your HSA.

Additionally, "catch-up" contributions are available for eligible individuals who are age 55 or older by the end of their taxable year and for any months individuals are not enrolled in Medicare.

Note: Any transfer from a checking, savings, or other type of deposit account is considered a regular contribution into your HSA and is applied to your maximum annual contribution limit.

Contribution Limits				
Tax Year	HDHP Coverage	Standard Limit	Catch-Up Limit	Maximum Contribution Limit
2024	Self-Only	$4,150	$1,000	$5,150
	Family	$8,300	$1,000	$9,300
2025	Self-Only	$4,300	$1,000	$5,300
	Family	$8,550	$1,000	$9,550
2026 and later	Self-Only	$4,300*	$1,000	$5,300*
	Family	$8,550*	$1,000	$9,550*

* Subject to annual cost-of-living adjustments, if any.

Example
Jada, age 38, has family HDHP coverage. Assuming she remains eligible for all of 2025, her contribution limit is $8,550.

The standard and catch-up contribution amounts are determined on a monthly basis and are zero for any months an individual is not eligible.

Example
Al reached age 65 and enrolled in Medicare during July 2025. He had been participating in an HDHP with self-only coverage. Al is no longer an eligible individual for the months after June 2025. Al's contribution limit for 2025 is $2,650 [his regular contribution limit of $4,300 plus the catch-up contribution limit of $1,000, divided by 12, then multiplied by the number of months he was eligible (6 — January through June)].

Example
Mark, age 52, has self-only HDHP coverage. Mark's 2025 annual contribution limit is $4,300. However, Mark changed jobs in the middle of

the year and his HDHP coverage ended June 15, 2025. Mark has a zero contribution limit for any month he is not an eligible individual on the first day of the month. Therefore, he may contribute to his HSA only for the months he was eligible (January through June, one-half year). Mark's total contribution limit for 2025 is $2,150 ($4,300 ÷ 12 x 6).

For married individuals with family HDHP coverage the standard contribution limit can be split between their HSAs in any manner.

Example

Adeel, age 53, has family HDHP coverage. His spouse, Aisha, age 55, is covered under the HDHP plan. Both are eligible individuals the entire year. Having no other health insurance coverage, Adeel and Aisha are each eligible to establish and fund an HSA for 2025. Between the two of them, they can contribute a standard total of $8,550 to HSAs. However, the additional $1,000 catch-up contribution that Aisha is eligible for can only be made to Aisha's HSA, even if they decide to make the entire standard $8,550 contribution to Adeel's HSA.

How Does the Last Month Rule Work?

You are eligible to make HSA contributions for a full year if you are an eligible individual on December 1 of that year. If you were not eligible for the entire year, but were an eligible individual on December 1, you must remain an eligible individual for a testing period that begins December 1 of the contribution tax year and ends on December 31 of the following year to take advantage of the last month rule.

Failure to remain an eligible individual for the entire testing period will make the contribution amount for the months you were ineligible subject to income tax and a 10 percent additional tax during the year the failure occurs, regardless of age. However, no income tax or additional tax applies if loss of eligibility is due to death or disability. Failure of the testing period does not create an excess contribution in the HSA. Rather, the assets remain in the HSA, and may be subject to taxation again if withdrawn and not used for qualified medical expenses.

Example

John, age 43, is an eligible individual and has self-only coverage under an HDHP beginning July 1, 2025. John contributes the full amount for 2025 ($4,300) under the last month rule, as if he had been eligible for the entire year. His contribution limit testing period begins December 1, 2025 and ends December 31, 2026. If John loses his eligible individual status at any time during the testing period, $2,150 [$4,300 annual contribution ÷ 12 months per year x 6 months of ineligibility in 2025 (January through June)] is subject to federal income tax and a 10 percent additional tax during the year (likely 2026) the failure occurs.

Can I Move Money From My IRA to My HSA?

You may take a one-time (once-in-a-lifetime) distribution from your traditional or Roth IRA to fund an HSA, however there is a testing period requirement. This HSA contribution is considered a regular, current-year contribution and, therefore, cannot exceed your contribution limit for the year. The IRA assets must be transferred directly from your traditional or Roth IRA to your HSA, or from a traditional or Roth IRA for which you are the beneficiary to your HSA. In other words, a qualified HSA funding distribution from your IRA cannot be made to an HSA owned by someone other than you, including your spouse. If you own more than one IRA and want to use amounts in multiple IRAs to make a qualified HSA funding distribution, you must first transfer assets to a single IRA and then make the one-time qualified HSA funding distribution. Distributions from ongoing SEP or SIMPLE IRAs are not eligible for qualified HSA funding distribution provisions.

The testing period begins with the month of the contribution to the HSA and ends on the last day of the twelfth month following such month. Failure to remain an eligible individual for the entire testing period subjects the IRA-funded amount to income tax and a 10 percent additional tax in the tax year you become ineligible. However, no income tax or additional tax applies if loss of eligibility is due to death or disability. Failure of the testing period does not create an excess contribution in the HSA. Rather, the assets remain in the HSA, and may be subject to taxation again if withdrawn and not used for qualified medical expenses.

Example

Damien, age 58, has family HDHP coverage and a total $9,550 HSA contribution limit for 2025. On June 1, 2025, Damien funded his HSA with a $5,000 tax-free distribution from his traditional IRA. The testing period begins June 1, 2025, and *ends June 30, 2026. If Damien loses his eligible individual status in February 2026, the IRA distribution amount will be subject to income tax and a 10 percent additional tax in 2026.*

How Do I Factor in Contributions Made by My Employer?

Aggregate employer contributions to an HSA reduce the amount you may contribute to your HSA. You are fully responsible for tracking the amount of your annual contributions including those made by your employer or any other third party.

Example

Mary, age 32, has self-only HDHP coverage and a $4,300 HSA contribution limit for 2025. Mary's employer made a $1,000 contribution to her HSA for 2025. Because of that, she may contribute only $3,300 to her HSA for 2025 ($4,300 – $1,000).

What Happens if I Change HDHP Insurance Coverage During the Year?

If you change your HDHP insurance coverage during the year, your contribution limit is based on the greater of:

- The total pro-rata contribution amounts as determined by the period of time you are covered under a self-only HDHP and under a family HDHP, or
- The maximum annual HSA contribution based on your HDHP coverage (self-only or family) on the first day of the last month (December 1) under the last month rule guidelines.

The Effect of Medicare Coverage on Regular Contribution Eligibility and Contribution Amounts

Being eligible for Medicare does not disqualify you from making regular tax year contributions to an HSA, however, actual enrollment in any part of Medicare might. Note that collecting Social Security payments after attainment of age 65 automatically enrolls you in Medicare Part A.

Another important point to make is that premium-free Part A coverage begins six months prior to the month you apply for Medicare, but no earlier than the first month you are eligible for Medicare. If you enroll in Medicare upon attainment of age 65, there is no "six-month look back period". However, if you wait to enroll until a later date, a six-month look back period applies. To avoid making an excess contribution to an HSA, you should determine your pro-rated reduced contribution amount by taking into consideration this six-month look back period.

Example

Kathy, who is eligible to begin collecting Social Security payments at age 65, does not sign up for Medicare and delays Social Security payments until she attains age 66 in June of 2025. Because Kathy delayed collecting Social Security payments until June of 2025 she is considered covered under Medicare six months prior to June of 2025. Therefore, Kathy is not an eligible individual at any time during 2025 and therefore cannot make a regular contribution to her HSA for 2025. This look back period would also limit her 2024 maximum contribution amount.

On a related note, when it comes to determining when Medicare coverage starts, there is the potential of an additional "one-month look back period". Generally, your Medicare coverage starts the first day of the month in which your birthday occurred. However, if you enroll in Medicare Part A and/or Part B during the first three months of your initial enrollment period and your birthday is on the first day of a month, your coverage will start the first day of the prior month, thus the additional one-month look back for Medicare coverage. The initial enrollment period is a seven month period that includes the three months before the month you attain age 65, the month you attain age 65, and the three months after the month you attain 65.

Example

Benny enrolls in Medicare three months prior to his 65th birthday on October 1, 2025. Under normal circumstances, Medicare coverage for Benny would begin on October 1, 2025, however, because his birthday falls on the first day of the month his Medicare coverage starts September 1, 2025. As a result, Benny would only be eligible to make regular contributions to his HSA for the months of January through August.

What is an Excess or Ineligible Contribution?

An excess contribution results if you exceed your maximum allowable amount for a tax year.

An excess contribution includes ineligible contributions such as a rollover contribution to an HSA that includes assets not eligible for rollover.

If your HSA contains an excess or ineligible contribution you will generally owe the Internal

Revenue Service (IRS) a 6 percent excess-contribution excise tax for each year the excess contribution remains uncorrected in your HSA after the tax filing due date (**plus extensions**) for the tax year of the contribution and the end of any subsequent tax year. The tax is paid using IRS Form 5329, *Additional Taxes on Qualified Plans (Including IRAs) and Other Tax-Favored Accounts.*

You may not remove an unwanted HSA contribution as an excess contribution.

How Do I Remove an Excess or Ineligible Contribution?

There are two ways for you to correct an excess or ineligible contribution—by removal or by applying it in a later year. An excess contribution removal will not be subject to income taxes or the 6 percent excise tax if:

- No deduction is allowed for the contribution under Internal Revenue Code (IRC) Section 223,
- The distribution includes any net income attributable to the excess contribution, and
- You take the distribution by the due date (**plus extensions**) of your federal income tax return for the tax year of the contribution.

The net income attributable is taxable in the tax year of the distribution.

Example

Ray, age 52, has self-only HDHP coverage and contributed $4,500 to his HSA for 2025 on November 12, 2025. He filed his 2025 federal income tax return on April 15, 2026, deducting a $4,500 contribution, not realizing that he exceeded his maximum allowable limit for 2025 by $200 ($4,300 - $4,500).

Ray realizes his error after receiving his Form 5498-SA, HSA, Archer MSA, or Medicare Advantage MSA Information, *from his HSA custodian in May of 2026. Ray withdraws $225 on June 10, 2026, after he and his HSA custodian determine the net income attributable to be $25. The $225 is not taxable, but the $25 is taxable on Ray's 2026 federal income tax return.*

Even though Ray had already filed his tax return, he is able to correct his excess by distribution, plus net income attributable, as late as October 15, 2026. By removing his excess contribution and earnings by his 2025 tax filing due date plus extensions, Ray avoids the 6 percent excess contribution excise tax for 2025. He will have to amend his 2025 federal income tax return to change his deduction. He includes the $25 as "Other income" on his 2026 federal income tax return.

Your HSA custodian/trustee reports to the IRS the HSA contribution as originally made even if it results in an excess contribution that is later returned to you. It reports the return of any HSA contribution as an excess contribution along with the amount of earnings as a distribution.

When is the Contribution Deadline for Funding an HSA?

The deadline for HSA regular (including catch-up) contributions is your federal individual income tax return due date, **excluding extensions**, for that taxable year. The due date for most taxpayers is April 15.

May I Claim a Federal Tax Deduction for My HSA Contribution?

You may deduct contributions made by anyone other than your employer as long as they do not exceed the maximum annual contribution limit. Employer contributions are not wages for federal income tax purposes. Rollover and transfer contributions from HSAs and Archer medical savings accounts, and qualified HSA funding distributions from IRAs, are not tax deductible. IRS Form 8889, *Health Savings Accounts (HSAs)*, is used to figure your HSA deduction and is filed with your tax return.

HSA DISTRIBUTIONS

When Can I Take Distributions From My HSA?

You may take a distribution from your HSA at any time—even if you are not currently eligible to make contributions to your HSA. HSA distributions used exclusively to pay for or reimburse qualified medical expenses incurred by you, your spouse, or your dependents are not included in your gross income for the year of the distribution.

Any other distributions are included in income unless rolled over. Distributions not used to pay for or reimburse qualified medical expenses or that are not rolled over are subject to an additional 20 percent tax unless made after your death, your disability, or your attainment of age 65.

What is a Qualified Medical Expense?

Qualified medical expenses include amounts paid for the diagnosis, cure, mitigation, treatment, or prevention of disease that affects any structure or function of the body. Medical expenses must be primarily to alleviate or prevent a physical or mental disability or illness. They do not include expenses that are merely beneficial to general health.

Qualified medical expenses do include items that are not medicines or drugs including equipment such as crutches, supplies such as bandages, and diagnostic devices such as blood sugar test kits. This also includes transportation costs associated with this medical care and certain qualified long-term care services.

Qualified medical expenses also include otherwise eligible amounts paid for your child who is claimed as a dependent by your former spouse.

To be paid or reimbursed tax free a qualified medical expense must be incurred after your HSA is established.

Note: You are solely responsible for determining if you have a qualified medical expense. Consult your tax or legal professional and review IRS Publication 502, *Medical and Dental Expenses*, the Instructions for Schedule A (Forms 1040 or 1040-SR), *Itemized Deductions*, for a list of qualified medical expenses, and the FAQs about medical expenses related to nutrition, wellness, and general health, IR-2023-47, posted on March 17, 2023 at irs.gov.

Does a Qualified Medical Expense Include any Over-the-Counter (OTC) Medical Products?

Yes. Certain over-the-counter medical products—including OTC oral and emergency contraceptives, menstrual care products, and condoms—are considered qualified medical expenses for HSA purposes.

Does a Qualified Medical Expense Include Coronavirus Disease 2019 (Covid-19) Protective Equipment and Home Testing ?

Yes. The IRS has announced that amounts paid for personal protective equipment used for the primary purpose of preventing the spread of Covid-19 and the costs for home testing for Covid-19 are treated as qualified medical expenses eligible to be paid or reimbursed under HSAs.

Is a Distribution for Non-Prescription Drugs a Qualified Medical Expense?

Amounts paid after 2019 for over-the-counter medicine (whether or not prescribed) are considered a qualified medical expense for HSA purposes.

Do I Need to Pay an Entire Medical Expense From My HSA?

You can use your HSA to pay for or reimburse all or part of a qualified medical expense. Any amount of an expense that cannot be covered by your HSA balance would need to be paid from other sources of funds you have to avoid taxation. **Be careful not to spend more than the balance of your HSA.**

How Long After I Incur a Qualified Medical Expense Can I Pay For It or Reimburse Myself With a Tax-Free Distribution?

There is no time limit on when an HSA distribution must occur. You may take HSA distributions in a later year to pay or reimburse qualified medical expenses incurred in previous years if you incur those expenses after you established the HSA. In other words, you can take a nontaxable distribution in the current year to pay or reimburse qualified medical expenses incurred in any prior year, but only if you incurred those expenses after you established the HSA.

What if I Take a Distribution and It is Not Used to Pay for or Reimburse a Qualified Medical Expense?

Any HSA distribution you do not use for qualified medical expenses is subject to federal income tax and a 20 percent additional tax. A distribution not used for qualified medical expenses is subject to income tax only and not the 20 percent additional tax if:

- You are disabled as defined in IRC Section 72(m)(7),
- You have reached age 65, or
- Distribution is made due to your death.

Can I Return a Distribution Taken From My HSA in Error?

If you mistakenly distribute assets from your HSA, you may be able to return the assets to the same HSA. However, the law does not require your HSA custodian/trustee to accept the return of a mistaken distribution. If your HSA custodian/trustee permits the return of a mistaken distribution, you will need to be prepared to provide the IRS with clear and convincing evidence that the HSA distribution was the result of a mistake of fact due to reasonable cause. A mistaken distribution can be returned no later than the federal individual tax return date, **excluding extensions**, following the first year you knew or should have known the distribution was a mistake.

Examples

Kayla took a $400 HSA distribution to pay for a medical expense. Later, she realized that her insurance covered more of her expenses than she had anticipated, and she had only a $300 qualified medical expense. Kayla wishes to return a $100 mistaken distribution to the same HSA.

Bill mistakenly used his HSA debit card to pay for $75 in groceries. After discovering the error Bill requests to return the $75 to the HSA as a mistaken distribution.

In both examples if the HSA custodian/trustee permits the return of a mistaken distribution, and the HSA owner determines there is clear and convincing evidence that an HSA distribution was the result of a mistake of fact due to reasonable cause, the HSA owner may repay the mistaken distribution no later than the federal individual tax return date, excluding extensions, following the first year he/she knew or should have known the distribution was a mistake. Under these circumstances, the distribution is not included in the HSA owner's gross income or subject to the 20 percent additional tax, and the repayment is not subject to the excise tax on excess contributions. An HSA custodian/trustee that allows the return of a mistaken distribution may rely on the HSA owner's representation that the distribution was a mistake.

HSA REPORTING TO THE IRS

How is HSA Activity Reported to the IRS?

Each year your HSA custodian/trustee reports to the IRS on IRS Form 5498-SA, *HSA, Archer MSA, or Medicare Advantage MSA Information,* the contributions made to your HSA and on IRS Form 1099-SA, *Distributions From an HSA, Archer MSA, or Medicare Advantage MSA,* any HSA distributions you take. Neither the return of a mistaken distribution, nor the distribution returned, are reported on IRS Forms 5498-SA or 1099-SA, respectively. In addition, you file IRS Form 8889, *Health Savings Accounts (HSAs)*, as part of your federal income tax return to show your HSA contribution and distribution activity.

How are Distributions Made by Check or Electronic Fund Transfer Treated for Reporting Purposes?

Your HSA custodian/trustee will generally treat a distribution made by check, electronic bill pay, or debit card as a normal distribution. Consult your HSA custodian/trustee to find out its specific policy regarding distributions made by check or electronic fund transfer.

DEATH OF AN HSA OWNER

What Happens to My HSA in the Event of My Death?

You may name a beneficiary to inherit your HSA assets after your death. Upon your death, your HSA is treated as follows:

Spouse Beneficiary

- Becomes the spouse's HSA as of the date of death
- Distributions used for the decedent's or survivor's (and survivor's dependents) qualified medical expenses are tax free

Nonspouse Beneficiary

- No longer an HSA as of the decedent's date of death
- Beneficiary is responsible for federal income tax on the fair market value (FMV) as of the date of death
- Amounts used for the decedent's qualified medical expenses within one year of the date of death reduce the taxable amount

Estate Beneficiary

- No longer an HSA as of the decedent's date of death
- The FMV of the HSA as of the date of death is included in the HSA owner's gross income for his last taxable year

This educational brochure is intended to provide general information concerning the federal tax laws governing HSAs. It is not intended to provide recommendations or legal advice, or to be a detailed explanation of the rules or how such rules may apply to your individual circumstances or under your state tax laws. It does not address any investment options you may have available through an HSA.

For specific information, you are encouraged to consult your tax, investment or legal professionals. You may also find helpful information in the HSA agreement and disclosure statement and amendments provided by your HSA custodian/trustee, IRS Publication 969, Health Savings Accounts and Other Tax-Favored Health Plans, *the Instructions to IRS Form 8889, and the IRS's website,* www.irs.gov.

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