Boone County Employees
Health Savings Account Eligibility Checklist

Employees wanting to enroll in the Health Savings Account must complete this checklist before enrolling.

- If you answer NO to all of the following questions, **you are eligible** to enroll in the Health Savings Account.
- If you CANNOT answer NO to all of the following questions, **you are NOT eligible** to participate in the Health Savings Account.
- Please contact Human Resources at senyard@boonecountymo.org for more information.

1. I am enrolled in or covered by Medicare, Medicaid, or TRICARE benefits.	☐ YES ☐ NO
2. I will be covered under another health insurance plan that is **not** a High-Deductible Health Plan, vision insurance, dental insurance, disability insurance, accident insurance or AFLAC-type specific injury insurance as of January 1, 2026. (Including on a spouse's plan.)	☐ YES ☐ NO
3. I am a dependent on someone else's tax return.	☐ YES ☐ NO
4. I (or my spouse) will be enrolled in a Flexible Spending Account (like ASI) on January 1, 2026.	☐ YES ☐ NO
5. I am enrolled in a Flexible Spending Account (such as ASI) in 2025 and plan on having funds remaining on January 1, 2026.	☐ YES ☐ NO

**Even if you are not eligible for the Health Savings Account, you can still enroll in the High-Deductible Health Plan (HDHP).*

By signing below, I certify I can answer "NO" to all questions and am eligible to contribute to a Health Savings Account.

_____ _____

Name (Print) Date

_____

Signature

Complete and return to Human Resources