

Health Savings Account (HSA) Election for Team Members who Waive the Building Zone Industries, LLC (BZI) Medical Plan because they are on their Spouse's or Parent's High Deductible Healthcare plan

Team Members who waive the BZI medical plan because they have a Qualified High Deductible Health Plan (QHDHP) through a spouse or parent may participate in the BZI HSA with the 1:1 match.

Please read the following check list and consult a tax advisor if you have any questions. BZI is not responsible for the tax implications of this contribution election.

- You must be covered by the qualified HDHP on the first day of the month of the start of the contribution and remain covered by the QHDHP while you have the HSA contribution.
- You are responsible for calculating your own tax limits and contribution amounts. Please consult a tax advisor for assistance.
- You cannot be covered by first dollar coverage including Traditional Insurance with copays, co-insurance and with lower than the IRS limit for HSA Eligible deductibles including Tricare, Veterans Administration, Medicare Part A or Medicare Part B.
- If you are a child-dependent, you will not be claimed as child-dependent on another person's tax return. You must file your own income tax return.
- The maximum amount you may contribute to the HSA without the BZI medical plan, is the 2025 individual limit of \$4,300 regardless of the plan election of the parent or spouse plan. 2025 Team Member contribution individual annual limit is \$2150.

☐ I am a spouse-dependent enrolled as a dependent on a QHDHP with my spouse's employer.

I understand that my spouse and I will share the IRS annual family limit for HSA contributions, whether we file jointly or separately.

Or

☐ I am an child-dependent enrolled as a dependent on my parent's QHDHP.

☐ My parent's plan is NOT with BZI.

I will let my parent know I am participating in the HSA and I should not be filed as a dependent on their taxes.

☐ My parent's plan is with BZI.

Must have parents' signature
BZI PARENT ACKNOWLEDGEMENT

I, _____ am the parent of the Team Member listed on this form. I work for BZI and our family is covered by the BZI QHDHP. I am the primary participant on the plan and the Team Member listed on the form is my child-dependent on the medical plan and will not be claimed on my tax return.

Parent Signature

Date

I attest I am enrolled in a QHDHP as a dependent on a spouse or parent's plan. I understand that BZI is not responsible for the tax implication if my spouse, my parent or I exceed the contribution limits.

Print Name

Signature

Date