

Office of Human Resources

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Educational Services Center
 1350 West 106th Street
 Bloomington, MN 55431-4126

www.bloomington.k12.mn.us

HSA HARDSHIP APPLICATION 2009-2010

Please complete the following information and return this form to Human Resources.

District employees who are receiving District HSA contributions into their Health Savings Accounts may ask for the District HSA contribution in advance. The Executive Director of Human Resources will approve hardship applications on a case-by-case basis, using the criteria defined below.

Name	Employee #
Position	Location
Work Phone	Home Phone
Reason for Hardship: List as much information as possible and attach documentation of costs.	
<p>Criteria for Approval:</p> <ol style="list-style-type: none"> 1. You need to be on the district HDHP insurance and have established a Health Savings Account (HSA) that is eligible to accept funds. 2. Your medical expenses to-date (those expenses that count toward your PreferredOne deductible) must exceed the total district contribution scheduled for 2009-2010 (\$1,150 for Food Service and \$600 for all others). 3. You must submit copies of receipts that support your need. The total of the receipts should equal or exceed the total district contribution scheduled for 2009-2010. 4. You do not have to prove a “financial” hardship. We assume that employees will request advances only when they need to. 	
<p>Next year: For 2010-2011, the HSA district contribution will be subject to negotiations, IRS regulations, and Board action. If approved for a hardship this year, employees will need to reapply next year, if needed. Please initial here that you have read this: _____.</p>	
<p>Hardship amount: If approved, I am requesting that the remainder of the district maximum contribution for the 2009-2010 plan year be deposited into my HSA account within ten (10) working days.</p>	
Signature	Date

You will be notified via phone or email after the application has been reviewed.

For Office Use:	Approve	Not Approve	Need Receipts	Exceeds D Contrib
Amt to deposit:	By:	Date:		