

Town of Darien

Health Reimbursement Arrangement (HRA) Exemption Form

*Each year during Open Enrollment, employees who will be age 65 and over at any point during the upcoming plan year (July 1st to June 30th) will automatically be placed in a Health Reimbursement Arrangement (HRA) unless they complete this form to certify and acknowledge that they will not be enrolled in Medicare during the plan year. **This form must be submitted to Human Resources not later than May 29, 2020, for the 2020-21 plan year.***

I certify that I am NOT enrolled in Medicare or any Part of Medicare and will not be enrolled in Medicare during the upcoming plan year from July 1, 2020, to June 30, 2021:

- If you are receiving Social Security benefits, you were automatically enrolled by the Social Security Administration in Medicare "Part A", unless you opted out.
- Medicare "Part A" and "Part B" are often called "Original Medicare"
- Medicare "Part C" is often called "Medicare Advantage" plans or "MA Plans"
- Medicare "Part D" is often called "Prescription Drug Coverage"

Notes:

- Employees who are enrolled in the Town's High Deductible Health Care Plan (HDHP) and who are NOT enrolled in Medicare are eligible for participation in the Town's Health Savings Account (HSA) program.
- Employees who are participating in Medicare cannot be in a Health Savings Account (HSA) program pursuant to IRS Regulations ([see IRS Publication 969](#)). Employees enrolled in Medicare will be placed in a Health Reimbursement Arrangement (HRA)

I understand that the IRS does not allow individuals to contribute to a Health Savings Account (HSA) while enrolled in Medicare and that I will be subject to a tax penalty if I do so.

Employee Name: _____ Department: _____

(last, first, MI)

Employee No.: _____ Date of Birth: _____ Age: _____

Employee Signature

Date