

You have enrolled in the UC Health Savings Plan, which includes a health savings account (HSA), for 2022. Please note that unused funds remaining in your 2021 Health Flexible Savings Account (FSA) can affect your eligibility to establish and contribute to an HSA. According to IRS regulations, if you carry forward unused Health FSA funds into the following plan year, you cannot contribute to an HSA during that entire plan year. However, you may waive your health FSA carry-over balance so that you can be eligible to receive the UC contribution to your HSA for 2022 and make your own contributions.

You may submit Health FSA claims for eligible expenses incurred during 2021 until April 15, 2022. However, following the processing of claims submitted by April 15, 2022, any remaining balance of 2021 contributions will be forfeited.

To waive your Health FSA carry-over balance, if any, complete this form with a signature in ink and return it by **December 31, 2021** via:

Email: HealthandWelfarebenefits@ucop.edu

Postal Mail: UC Office of the President
Health & Welfare Benefits
1111 Franklin St.
Oakland, CA 94607

Employee Information

Employee Name _____ Employee ID _____

Daytime Phone Number _____ E-mail _____

Waiver of Health FSA Carryover Funds

I elect to waive the balance of any 2021 Health FSA contributions that remains following processing of eligible claims submitted by April 15, 2022.

Employee Certification

- I understand I may continue to submit claims for eligible expenses incurred during 2021 until April 15, 2022, using funds contributed in 2021.
- I understand my election above means I forfeit any remaining balance of Health FSA funds contributed during the 2021 plan year following processing of eligible claims for the 2021 plan year submitted by April 15, 2022.
- I understand my election to waive my FSA carry-over funds cannot be changed after I submit this form.
- I understand that if I have remaining funds from 2021 and do not elect to waive the carry-over of those funds, I will not receive the UC contribution to my Health Savings Account for 2022.



Employee Signature _____

Date _____