

**PLAN SUMMARY
FOR
HEALTH SAVINGS ACCOUNT**

The undersigned Employer hereby establishes a Health Savings Account pursuant to Section 223 of the Internal Revenue Code and elects the following provisions:

EMPLOYER INFORMATION

1. EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER

Name: University of Virginia
Address: 914 Emmet St.
Charlottesville, VA 22906
Telephone: (434) 924-4392

2. EMPLOYER'S TAXPAYER IDENTIFICATION NUMBER:

54-6001796

3. TYPE OF ENTITY

Government Agency or Church

S Corporation shareholders, partners, sole proprietors, and members of a Limited Liability Company cannot participate in the pre-taxing of Health Savings Account and must make after tax contributions to an HSA through the S125 Cafeteria Plan.

PLAN INFORMATION

4. PLAN ORIGINAL EFFECTIVE DATE:

01/01/2014

5. PLAN YEAR RUNS:

01/01 - 12/31

6. THE FOLLOWING AFFILIATED EMPLOYERS will be a Participating Employer in this Health Savings Account:

None

ELIGIBILITY REQUIREMENTS AND PLAN ENTRY

7. ELIGIBLE EMPLOYEES

Eligible Employees who are enrolled in the Employer's HDHP group medical plan may participate

8. EMPLOYEES EXCLUDED:

Employees enrolled in Medicare benefits or a non-HDHP plan
Employees who are not enrolled in the Employer's HDHP group medical plan

9. CONDITIONS OF ELIGIBILITY

Any Eligible Employee will be eligible to participate in the Health Savings Account upon satisfaction of the following:

Same as Employer's HDHP group medical plan

10. EFFECTIVE DATE OF PARTICIPATION

An Eligible Employee who has satisfied the eligibility requirements will become a Participant on whichever date occurs last: on the same day as Employer’s HDHP group medical plan or on the first day of the month after the Employee has an open Health Savings Account at Chard Snyder.

CONTRIBUTIONS

11. EMPLOYER MAY CONTRIBUTE:

- \$1,000 per single coverage
- \$1,500 per employee + spouse coverage and employee + child(ren) coverage
- \$2,000 per family coverage

The above Employer Contributions shall be made one time at the beginning of the Plan Year.

*****If FSA dollars from the prior Plan Year are not used by December 31st of that year, the employer contributions will not be given until April of the current plan year and will be prorated as they are for midyear new hires. All employer contributions intended to be made in January, February, and March including monthly rewards will be forfeited.***

Monthly employer contributions will be made to employee’s HSA accounts when they perform wellness activities.

Any amounts will be prorated for midyear new hires.

12. MAXIMUM ALLOWABLE CONTRIBUTION AMOUNTS:

Employees may make additional pre-tax contributions above the employer funded contribution amount, provided contributions do not exceed the annual IRS allowable maximums for the calendar year.

13. EMPLOYER CONTRIBUTIONS WILL BE GIVEN:

Through a Cafeteria Plan

14. PRETAXING OF EMPLOYEE HSA CONTRIBUTIONS THROUGH YOUR S125 CAFETERIA PLAN:

Yes, for regular employees. S Corporation shareholders, partners, sole proprietors, and members of a Limited Liability Company cannot participate in the pre-taxing of Health Savings Account and must make after tax contributions to an HSA through the S125 Cafeteria Plan.

TAX CONSIDERATIONS

This is just a brief summary of some, but not all important tax considerations. They are not inclusive of all guidelines, rules and regulations found in the IRS tax code. Chard Snyder is not a tax advisor. Please consult a tax professional with any questions when preparing your tax forms. Any discrepancies or omissions between tax considerations indicated on this setup form and the IRS tax code are not the responsibility of Chard Snyder. The regulations in the IRS tax code will prevail.

- Employer and Employee pre-taxed contribution totals combined must appear in box 12 of the W-2 with the letter W next to the total contributions.
- Employees must complete and submit Form 8889 (available on CS website) with their 1040 each tax year. Employee’s will receive a W-2 from their Employer and Form 5498 (contributions) and Form 1099-SA (distributions) from the bank to assist Employees in completing the Form 8889.

EMPLOYER

University of Virginia

By: _____ Date: _____

Printed Name: _____

Title: _____