



Oasis HSA Plan Eligibility Verification

For the 2020/21 plan year, _____ (“Client”) has elected not to participate in an Oasis-sponsored medical plan, therefore Oasis is unable to verify employee eligibility under the Oasis Health Saving Account (“HSA”) plan. _____ (“Employee”) is interested in enrolling in the Oasis HSA plan.

Client

Client confirms that Employee is eligible to participate in a major medical plan sponsored by Client for the 2021 calendar year. If Employee becomes ineligible to participate in its major medical plan during the 2021 calendar year, Client will notify Oasis immediately by contacting 800-822-8704.

Client agrees to indemnify and defend Oasis for penalties and other matters to the extent they arise out of or in connection with Employee participating in the Oasis HSA plan while not eligible for the Client-sponsored major medical plan.

AUTHORIZED REPRESENTATIVE SIGNATURE:	PRINT NAME	DATE

Employee

Employee understands and agrees that he/she is eligible for the Oasis HSA plan only if he/she is first eligible to participate in the Client-sponsored major medical plan.

AUTHORIZED REPRESENTATIVE SIGNATURE:	PRINT NAME	DATE

Annual Elected Amount for 2021 calendar year

ANNUAL HSA AMOUNT (Max Individual \$3550/ Max Family \$7100): \$
