

**Enrollment, Post-Tax Deductions & Health Savings Account Eligibility
Acknowledgement**

Employee Name: _____

Employee ID: _____

Effective Date: 4/1/2026

Enrollment Request

I am currently enrolled in either the HSA Plus or HSA Essential medical plan for Plan Year 2026. I am electing enrollment for myself and any covered dependents in the PPO plan starting April 1, 2026.

Post-Tax Payroll Deductions

I acknowledge and certify the following:

- I am revoking my enrollment in the Northwestern HSA medical plan and enrolling in the Northwestern sponsored PPO medical plan for 2026 coverage beginning April 1, 2026.
- I submitted my enrollment election during the limited enrollment period ending April 17, 2026.
- The revocation of my HSA medical plan coverage and my enrollment in the PPO medical plan is not related to a qualifying change in status.
- I authorize Northwestern to deduct from my pay any additional premiums required for the 2026 PPO medical plan coverage I elected.
- I understand that the additional payroll premiums for 2026 PPO medical plan coverage will be deducted on a post-tax basis.

Health Savings Account Eligibility

I acknowledge and certify the following:

- I acknowledge I am ineligible to contribute to and receive University contributions to a Health Savings Account (HSA) while I am enrolled in the PPO medical plan.
- I understand that my employee and University contributions to the HSA may not exceed three months of the annual maximum (\$1,100 employee only/\$2,187.50 family), plus \$250 if I am at least age 55 by the end of the taxable year.
- I understand that any University contributions to the Health Savings Account (HSA) made after the effective date of the PPO medical plan coverage or over the allowed annual limit will be forfeited.

Employee Certification

By signing below, I acknowledge that I have read and understand the information above and authorize post-tax payroll deductions for medical plan premiums from April 1, 2026, through December 31, 2026. I further understand that once PPO medical plan coverage begins, I am no longer eligible to contribute to a Health Savings Account (HSA).

Employee Signature: _____ **Date:** _____

Submit to the askHR Service Center by 11:59 p.m. Central Time on April 17, 2026, via email at askHR@northwestern.edu or in person/by mail at 1800 Sherman Ave., Evanston, IL 60201.