

High Deductible Health Plan (HDHP) Acknowledgement of Rights and Limitations

This form must be returned to the Human Resources office by June 29, 2007.

Contact Information				
Last Name	First Name	M.I.	Social Security # (first 5 digits)	
Home Address		City	State	Zip
Email Address (optional)			Home Phone	
University Department			University Phone	

I acknowledge that I understand the Benefits and Limitations listed below in my High Deductible Health Plan:

- I am eligible to participate in a tax-qualified Health Savings Account with Wells Fargo and I may have pre-tax dollars withheld from my paycheck and deposited to my HSA account to pay medical expenses applied to my deductible
- My Deductible(s) are based on a calendar year (January – December)
- My deductible(s) must be satisfied before any expense will be paid by the plan – except for Preventative services
- In the case of family or spouse coverage, the family deductible must be met by any one or several members of the family
- If I choose to participate in a Health Flexible Spending Account (FSA), I understand that I may only enroll in a Limited-Purpose FSA
 - I understand that most medical expenses (prescriptions drugs, office visits, homeopathic visits, etc) must be submitted to my HSA until my in-network deductible has been met
 - I cannot request reimbursement from an FSA for medical expenses (prescriptions drugs, office visits, homeopathic visits, etc) until I have met my deductible
- In the PPO HDHP, I understand that both the In and Out of Network deductibles on my plan are independent of each other. In other words, I have two separate deductibles depending on whether I use In-Network or Out-of-Network providers

*Signature of Participant	Date
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*Required field

*Please complete this form and send to:
 University of Denver Benefits Office
 Mary Reed 403
 2199 S University Blvd.
 Denver, CO 80208
 303-871-7420*