

PriorityHSASM Certification

Priority Health is committed to keeping rates competitive and affordable. For this reason, we're asking employers to help us protect the integrity of our **PriorityHSA** community pool by certifying to the following terms:

PriorityHSA deductibles, coinsurance and copayment amounts cannot be reimbursed by a separate

- HRA (health reimbursement arrangement)*
- FSA (flexible spending account)*
- Any other medical reimbursement arrangement – other than an HSA – that pays for medical or prescription drug expenses before the **PriorityHSA** deductible has been satisfied.

The initial term of the certification will commence on the date below. This certification shall continue in effect for a period of 12 months and shall automatically renew thereafter for one-year terms, unless terminated in writing by an authorized officer or representative of the group.

By signing this certification form, I consent to abide by these **PriorityHSA** rules.

Group name _____

Group ID # _____

Phone # () _____

Group contact signature _____ **Date** _____

Print name _____

Agent Signature _____ **Date** _____

Print name _____

*Use of a "limited" or "post-deductible" FSA or HRA is permitted.