

Health Savings Accounts (HSAs)

Half-Day Workshop

October 30, 2026 – Holiday Inn, Fargo



About the Program

The HSA half-day workshop provides a foundation of HSA knowledge. After participating, attendees will be able to confidently process basic HSA transactions. This is a beginner’s session; no previous HSA knowledge is assumed.

About the Speaker



The HSA seminar will be delivered by **Heidi LeMieur**, vice president of Compliance & Training for Superior IRA & HSA. Heidi is a true subject matter expert with over 26 years of experience in the industry and extensive knowledge of IRAs, SEPs, SIMPLEs, ESAs, HSAs, as well

as employer-sponsored defined contribution and defined benefit plans.

Schedule

8:30-9:00 am Registration & Continental Breakfast
9:00 am-12:30 pm Program

Location

Holiday Inn of Fargo
3803 13th Ave S, Fargo ND
P: 701.282.2700
Group room rate: \$119
Deadline to reserve room at group rate: September 27

Highlights

Introduction to HSAs

- Describe the benefits of HSAs
- Explain high-deductible health plan requirements
- Discuss HSA eligibility requirements

Establishing an HSA

- Summarize the HSA opening documents
- Identify the required HSA documents

HSA Funding Fundamentals

- State the HSA regular contribution and catch-up contribution limits
- Describe the last-month rule
- Distinguish the regular contribution deadline
- Cite the rules for prior-year contributions
- Explain a qualified HSA funding distribution
- Ensure accurate regular contribution reporting

HSA Distributions Fundamentals

- Summarize the tax consequences of qualified and nonqualified distributions
- Describe a mistaken distribution
- Ensure accurate distribution reporting

HSA Portability Fundamentals

- Differentiate between a transfer and a rollover
- Ensure accurate rollover reporting

Who Should Attend

Anyone who wants to learn the basics of HSAs.

Registration Information

NDBA Member Registration Fees

\$225/person After October 7, add \$25.

Bank: _____

Contact Person: _____ Address: _____

City: _____ State _____ Zip _____

Registrants

1. Name: _____

Branch: _____ Email: _____

2. Name: _____

Branch: _____ Email: _____

Total due: \$ _____ Check enclosed Please Invoice Pay by credit card (NDBA will reach out)

Submit payment to North Dakota Bankers Association

NDBA, PO Box 1438, Bismarck ND 58502 | Email: ndba@ndba.com | www.ndba.com | Questions: 701.223.5303