



Health Savings Account (HSA) Contribution Form

Instructions: Complete this form and mail it with your contribution check to:

HSA Bank, P.O. Box 939, Sheboygan, WI 53082-0939.

You can monitor your transactions via your statement, Internet Banking (<https://secure.hsabank.com/ibanking3/>) or Bankline, (800) 565-3512. Internet Banking and Bankline provide 24/7 access.

Instructions for making online contributions can be viewed from www.hsabank.com/contributions. For assistance, please call (800) 357-6246, Monday - Friday, 7 a.m. - 9 p.m., CT.

ACCOUNTHOLDER INFORMATION:

First Name:	MI:	Last Name:
Street Address:		
City:	State:	ZIP Code:
Account Number (8 digits from your Welcome Kit or statement)* [][][][][][][][][]	Social Security Number (Account Number <u>or</u> full Social Security Number required) [][][] - [][] - [][][][][]	

* Please include your account number on your check.

CONTRIBUTION INFORMATION:

Contribution Amount: \$ [][][][][] . [][]	Contribution For: <input type="checkbox"/> Current Year [][][][] (yyyy) OR <input type="checkbox"/> Prior Year [][][][] (yyyy)
Contribution Source: <input type="checkbox"/> Accountholder and/or family member <input type="checkbox"/> Employer <input type="checkbox"/> Employee pre-tax (through Section 125 Plan)	Note: Prior year deposits must be received by April 15 of the following year. The IRS does NOT allow an extension of time to contribute to an HSA, even if you have an extension for filing your taxes. If a year is not specified, your contribution will be deposited for the year in which it was received.

Note: Deposits may not be available for immediate withdrawal.