

Health Savings Account Contribution Form



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

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

Overnight Mail: HSA Bank, 605 North 8th Street, Suite 320, Sheboygan, WI 53081

You can monitor your transactions via the Member Website at www.hsabank.com, or via Bankline at 800-565-3512.

The Member Website and Bankline provide 24/7 access.

Please use this form for Accountholder contributions. For employer contributions, please use the Employer Contribution Form. For rollovers, please use the Direct Rollover Request form. This form can be found on the Member Website.

Instructions for making online contributions can be viewed at www.hsabank.com/contributions. For assistance, please call 800-357-6246.

ACCOUNTHOLDER INFORMATION:		
First Name:	Middle Initial:	Last Name:
Street Address:		
City:	State:	Zip Code:
Daytime Phone Number:	Email Address:	
Account Number* (8 or 12 digits from your Welcome Kit or Member Website. The account number is located on the Accounts Tab in the Member Website. The account number is NOT the same as your Debit Card number.):		
Full 9-digit Social Security Number*:		
*Note: Full Account Number OR Full SSN Required (failure to provide the required information may result in a delay or return of your contribution).		
CONTRIBUTION INFORMATION		
Contribution Amount: \$		
Contribution for: <input type="checkbox"/> Current Year _____ (yyyy) <input type="checkbox"/> Prior Year _____ (yyyy)		
<i>Note: Prior year deposits must be received by the tax filing deadline of the following year, typically April 15. 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 is received.</i>		
<i>Any contributions received will be deposited in the cash account.</i>		
Contribution Source: <input type="checkbox"/> Accountholder <input type="checkbox"/> Employer <input type="checkbox"/> Employee pre-tax (through Section 125 Plan)		
If you select Employer or Employee pre-tax, please provide the following:		
Employer Name:	Contact Name:	Phone Number:
Step 3: Consumer Authorization		
I certify that I am the HSA member or an individual authorized to execute this transaction. I have read and understand the instructions and any rules or conditions relating to and have met the requirements for making this transaction. I assume full responsibility for this transaction and will not hold HSA Bank liable for any adverse consequences that may result. I have not received tax or legal advice from HSA Bank. If necessary, I will seek the advice of a tax or legal professional to ensure my compliance with related laws. All information provided by me is true and correct and may be relied upon by HSA Bank.		
*Accountholder Signature:		Date:
Rules and Conditions Applicable to Contributions		
Contribution Type		
Regular		
Annual maximum contribution limits can vary from year to year. For current contribution maximums, visit our Frequently Asked Questions section at: http://www.hsabank.com/hsabank/accountholders/frequently-asked-questions .		
Catch-Up		
If you are 55 years of age or older during the calendar year, you may make one additional "catch up" contribution of up to \$1,000.		