

Health Savings Account (HSA) Contribution Form



Instructions: You can contribute to your HSA and monitor your transactions on the Member Website at hsabank.com. For rollover contributions, please use the Direct Rollover Request form. This form can be found on the Member Website or by calling 800-357-6246.

Alternatively, you may mail this completed form with your contribution check payable to: HSA Bank, P.O. Box 251, Sheboygan, WI 53082-0251.

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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 Member Website under My Profile in the settings. 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:	Current Year	Prior Year
<i>Note: If a year is not specified, your contribution will be posted for the year in which it is received. Prior-year contributions must be received by the tax filing deadline. Any contributions received will be posted to your health savings account. HSA Bank does not provide tax or legal advice. Please seek the advice of a tax or legal professional to ensure compliance with health savings account regulations.</i>		
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 hsabank.com/irs-guidelines .		
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.		