

Health Savings Account (HSA) Contribution Instructions

1 HSA OWNER INFORMATION

NAME, ADDRESS, CITY, STATE, AND ZIP			
HSA ACCOUNT (PLAN) NUMBER	SOCIAL SECURITY NUMBER	DATE OF BIRTH	DAYTIME PHONE NUMBER
Type of Health Insurance Plan Coverage (select one): <input type="checkbox"/> Self-Only <input type="checkbox"/> Family			

2 CONTRIBUTION INFORMATION (See Additional Information included with this form.)

INVESTMENT NUMBER	AMOUNT	CONTRIBUTION DATE	TAX YEAR
	\$		
CONTRIBUTION TYPE (select one): <input type="checkbox"/> Regular (including Catch-Up) <input type="checkbox"/> Contribution from an IRA <input type="checkbox"/> Rollover from an HSA <input type="checkbox"/> Rollover from an Archer MSA <input type="checkbox"/> Transfer from an HSA <input type="checkbox"/> Transfer from an Archer MSA <input type="checkbox"/> Return of Mistaken Distribution Original Distribution Date _____			

3 SIGNATURES

I certify that I am the HSA owner, contributor, or individual legally authorized to complete this form. I certify that this is an eligible HSA contribution. I certify the accuracy of the information set forth in this form. I assume full responsibility for all tax consequences associated with my contributions, determining my eligibility, and ensuring that such contributions are in compliance. I understand that the custodian/trustee cannot provide, and has not provided, me with tax or legal advice. I have been advised to seek the guidance of a tax or legal professional.

Signature of HSA Owner/Contributor

Date

Signature of Custodian/Trustee

Date