

## HSA Contribution Form

### PERSONAL INFORMATION

**Your name:** First: \_\_\_\_\_ Last: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

**Your address:** Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Your contact info:** Phone: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

**Account Holder Social Security Number:** \_\_\_\_\_

### CONTRIBUTIONS TO YOUR HSA

**Contribution Tax Year:** \_\_\_\_\_

Contributions for the prior year are accepted until April 15th of the current year. Funds will be applied to the tax year of the date on the attached check if no year is indicated.

**How would you like to deposit funds into your HSA?**

OPTION 1	OPTION 2	OPTION 3
Check	One Time Electronic Funds Transfer (EFT)	Recurring Monthly Electronic Funds Transfer (EFT)
<p>Include a check (<i>payable to HealthEquity</i>) with this contribution form.</p> <p><i>Mail to:</i>  <b>HealthEquity</b>                      15 West Scenic Pointe Drive,                      Suite 400                      Draper, UT 84020</p>	<p><i>Fax this form and a voided check to: 801-727-1005</i></p> <p>Amount of deposit: \$ _____</p> <p>Financial Institution: _____</p> <p>City/State: _____</p> <p>Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings</p> <p>Routing #: _____</p> <p>Account #: _____</p>	<p><i>Fax this form and a voided check to: 801-727-1005</i></p> <p>Monthly Amount of Deposit: \$ _____</p> <p>Date of First Transfer: _____</p> <p>Financial Institution: _____</p> <p>City/State: _____</p> <p>Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings</p> <p>Routing #: _____</p> <p>Account #: _____</p>

### AUTHORIZATION

I hereby authorize the deposit of the amount stated above into my Health Savings Account. I understand the eligibility requirements for the type of HSA Deposit I am making and I state that I do qualify to make the deposit.

***I assume complete responsibility for:***

1. Determining that I am eligible for an HSA each year I make a contribution.
2. Ensuring that all contributions I make are within the limits set forth by the tax laws.
3. The tax consequences of any contribution (including rollover contributions) and distributions.

\_\_\_\_\_

**Account Holder Signature**

\_\_\_\_\_

**Date**