



Health Savings Account Contribution Form

Use this form for making contributions to your Health Savings Account (HSA)

All fields are required.

Accountholder Information:		
First Name:	Middle Initial:	Last Name:
Street Address:		
City:	State:	Zip Code:
Daytime Phone Number:	Email Address:	

Contribution Information		
Contribution Amount: \$	Per pay	Contribution Source is Employee pre-tax (through Section 125 Plan)
Start Date:	Optional End Date:	Optional Max Deductions: \$

Rules and Conditions Applicable to Contributions	
<p>Regular Annual maximum contribution limits can vary from year to year. For current contribution maximums, visit our website at hsabank.com.</p> <p>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.</p>	
Signature	
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 or the ESC of NEO liable for any adverse consequences that may result. I have not received tax or legal advice from HSA Bank or the ESC of NEO. 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 and the ESC of NEO.	
Signature:	Date: