Health Savings Account Employer Contribution Form

Instructions: Please fill out the form completely. If you are making a deposit to a new health savings account, write "NEW" in the Account Number field.

Section 1: Employer/Company Information

Employer Name _____

Employer Address _____

Employer Contact Name _____

Email Address _____

Federal ID Number _____

Phone Number _____

Extention, if applicable _____

Fax Number

Section 2: Allocation Information

Employee Name	Social Security Number (Required)	Account Number	EMPLOYER CONTRIBUTIONS				EMPLOYEE CONTRIBUTIONS			
			Setup Fees *(If applicable)*	Monthly Fees	Contribution To Employee HSA	**Total Employer Contribution**	Setup Fees *(If applicable)*	Monthly Fees	Contribution	**Total Employee Contribution**
						$0.00				$0.00
						$0.00				$0.00
						$0.00				$0.00
						$0.00				$0.00
						$0.00				$0.00
						$0.00				$0.00
						$0.00				$0.00
						$0.00				$0.00
						$0.00				$0.00
						$0.00				$0.00
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						$0.00				$0.00
						$0.00				$0.00
						$0.00				$0.00
						$0.00				$0.00
						$0.00				$0.00
						$0.00				$0.00
						$0.00				$0.00
Total			**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**

Total Amount Enclosed **$0.00**

****All contributions will default to the current year contributions.**
IMPORTANT: Employer is responsible for the accuracy of this sheet. The employer authorizes us to allocate the contribution according to the list above. Your (Employer) payment indicates acceptance of this allocation. Please review this list carefully