



HSA Contribution Form

Revised 05.19.2021

Use this form to make contributions to your HSA.

1. Personal Information

Name:

Social Security #:

HSA Account Number:

Phone Number:

2. Contribution Type (check only one)

a) Regular Contribution. For tax year:

b) Rollover Contribution. Rollover from another HSA

c) Transfer Contribution. Transfer from another HSA

d) Return of Mistaken Distribution. If you mistakenly take a distribution for an expense that you thought was “eligible,” but which you later learn is not, you can repay the amount into your HSA so long as the mistake of fact was due to a “reasonable cause,” and the mistake is corrected no later than April 15 following the year you knew or should have known of the mistake. Check this box if you meet these requirements and we will report your contribution appropriately.

3. Contribution Amount

Amount:

4. **Signatures.** I certify that all the information provided by me is accurate and may be relied upon by the trustee or custodian. I certify that the contribution described above is eligible to be contributed to the HSA and I authorize the deposit in the manner described above.

Signature of HSA Owner/Agent

Date (mm/dd/yyyy)