



HSA CONTRIBUTION FORM

This form is used only for contributing to an existing HSA. If opening a new Health Savings Account, please enroll online or complete the designated Application to set up an HSA.

Instructions

1. Use this form to make a contribution to your HSA using post-tax dollars.
2. Mail this completed form and your check or money order, made out to Benefit Strategies, LLC, to: **Benefit Strategies, LLC P.O. Box 1300, Manchester, NH 03105-1300**
3. If you have any questions regarding your HSA plan, please call **1-855-483-3539**

Accountholder Information

_____	_____	_____
Last Name	First Name	Middle Initial

Street Address		
_____	_____	_____
City	State	Zip Code
_____		_____
Social Security Number	Employee ID and Employer (if applicable)	

Contribution Request – Please indicate the amount of your contribution and the tax year in which you want the funds applied.

Apply my contribution of \$_____ to the 20__ tax year.

Note: Contributions for the prior tax year are permitted until the tax filing deadline (typically April 15).

Signature

I request that Benefit Strategies, LLC process this contribution. I certify that the information I have provided above is correct, and I accept the responsibility of any tax consequences associated with this transaction.

_____	_____
Signature	Date

Printed Name	

Funds may not be available for immediate disbursement.