EMPLOYER CONTRIBUTION FORM

Initial Deposit - To make an initial deposit (minimum $25.00 per account) to open multiple Health Savings Accounts, complete the information below. Write the word "NEW" in the "Account Number" field. Mail this form, the enrollment material for each new account, and your check to ***HSA Bank™***, P.O. Box 939., Sheboygan, WI 53082-0939.
*If you are adding new employees to an existing group, write the word "NEW" in the Account Number field and include an application for the new employee.

Subsequent Deposits - To make a deposit to multiple existing Health Savings Accounts, complete the information below. (We will accept spread sheets in a similar format.) Mail this form and your check to ***HSA Bank***, P.O. Box 939, Sheboygan, WI 53082-0939. Enclose a check made payable to ***HSA Bank*** for the amount of the total deposit. PLEASE PRINT NEATLY OR TYPE.

Company Name: _____

Company Address: _____

Contact Name: _____

Email Address: _____

FED ID #:

Phone: **Fax:**

Would you like an email confirmation of this deposit? ☐ Y ☐ N

Contribution Details

Date Deposit Mailed

Check Number

Check Amount

Contribution Year

Employee Name	Social Security Number *(Required)*	Account Number *(8 digit, optional)*	Initial Set-up Fee *(If applicable)*	Contribution Amount		
				Individual	Employee Pre-tax *Section 125 plan only*	Employer

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Reset Form

Employee Name	Social Security Number *(Required)*	Account Number *(8 digit, optional)*	Initial Set-up Fee *(If applicable)*	Contribution Amount		
				Individual	Employee Pre-tax *Section 125 plan only*	Employer
		Subtotal				

Total Amount Enclosed ____

You may want to consider using **Quick Disbursements** to send recurring contributions, for either Employer-funded contributions or Employee-funded contributions (payroll deductions). Quick Disbursements allows you to send contributions for your entire group from the convenience of a personal computer.

Disclosure:
HSA Bank shall not be liable to the employee for any losses, damages, costs, penalties, or expenses incurred as a result of the employee's failure to make the contributions to the employee's HSA required under the employer's health plan. ***HSA Bank*** is not responsible for monitoring the employer contributions to the employee's HSA or notifying the employee of the employer's contributions. The employee is responsible for contacting the employer regarding contributions and monitoring those contributions. ***HSA Bank*** provides monthly statements to the employee.