



Instructions: Complete, print, and mail this form, along with your check payable to "FPS Trust" to the address below.

PLEASE NOTE that you can make contributions online at HealthSavings.com.

Mail completed form with check payable to "FPS Trust" to:

FPS Trust on behalf of HealthSavings

P.O. Box 3079, Englewood, CO 80155

Accountholder Information

First Name _____ Last Name _____ M.I. _____

Street Address _____ Apt / Suite _____

City _____ State _____ ZIP Code _____

Phone Number _____

(HealthSavings Account Number or full Social Security Number required)

Social Security Number* _____ **OR** Account Number* _____

*Please include your account number or Social Security number on your check.

Contribution Information

Contribution Amount: \$ _____

Contribution for:

Current Year _____ (yyyy) **OR** Prior Year _____ (yyyy)

NOTE: Prior year deposits must be received by April 15th. The IRS does NOT allow an extension of time to contribute to an HSA, even if you have an extension for filing your taxes. If a year is not specified, your contribution will be deposited for the year in which it was received.

Check Total: \$ _____

Contribution Source:

- Accountholder and/or family member
 Employer
 Employee pre-tax (through Section 125 Plan)

NOTE:

- > Deposits may not be available for immediate withdrawal.
- > Funds will be allocated to your account as previously directed.

FOR OFFICE USE ONLY

Sales Director _____

Partner Code _____

Case Number _____