



HealthSavings

ADMINISTRATORS

Investing in a Healthy Future

Health Savings Account (HSA) Contribution Form

Instructions: Complete this form to make a contribution to your account. Make checks payable to FPS Trust. You can also make contributions online at HealthSavings.com.

Mail completed form with check payable to "FPS Trust" to: **FPS Trust on behalf of HealthSavings Administrators**
P.O. Box 3079
Englewood, CO 80155

Account Holder Information

First Name _____ Last Name _____ M.I. _____

Street Address _____ Apt / Suite _____

City _____ State _____ ZIP Code _____

(Health Savings 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:

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

NOTES:

- > Deposits may not be available for immediate withdrawal.
- > Funds will be allocated to your account based on your current elections. To review or update your elections, log into your account at HealthSavings.com/Login. After logging in, go to INVESTING > INVESTMENT DIRECTION > ELECTIONS.
- > Please do not include your annual administrative fee with your contribution.
- > To view the annual contribution limits, visit HealthSavings.com.

Account Holder Signature

____ / ____ / ____
Date (mm/dd/yyyy)