

Health Savings Account (HSA) Contribution Form

Instructions: Complete this form to make a contribution to your HSA.

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

FPS Trust on behalf of HealthSavings Administrators/HSA xChange

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 _____

(Social Security Number or HSA Account 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)

NOTES:

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

Signature

Accountholder Signature

Date (mm/dd/yyyy)

FOR OFFICE USE ONLY

Case Number _____