

Form Instructions: Please complete this form to make a contribution to your health savings account (HSA).

Instead of using this form, online contributions to your HSA are a convenient way to save time and expedite the receipt of funds to your HSA. Instructions for making online contributions can be viewed in your online account.

STEP 1: Account Holder Information				
First Name:		Middle Name:		Last Name:
Permanent Address:			City:	State: Zip Code:
Date of Birth: (Month/Day/Year) ___ / ___ / ___			Daytime Phone:	
HSA Account Number: (12 digits from your Welcome Kit or statement. Not your card number.)			Social Security Number: (Only Last 4 Digits Required)	XXX XX / XX / ___

STEP 2: Contribution Information
<p>Contribution Amount: \$ _____ . _____</p> <p>Contribution For:</p> <p><input type="checkbox"/> Current Tax Year ___ ___ ___ ___ (yyyy)</p> <p><input type="checkbox"/> Prior Tax Year ___ ___ ___ ___ (yyyy)</p> <p>Source of Contribution:</p> <p><input type="checkbox"/> Accountholder and/or family member</p> <p><input type="checkbox"/> Employer</p> <p><input type="checkbox"/> Employee pre-tax (through Section 125 Plan)</p> <p>Note: Prior year contributions must be received by the tax filing deadline. Contributions exceeding annual contribution limits will not be accepted. Deposits may not be available for immediate withdrawal.</p>

STEP 3: Authorization	
<p>By signing this form, I authorize the deposit of this contribution into my health savings account (HSA). I understand that there may be tax consequences associated with this contribution to my HSA. I assume responsibility for any tax consequences or penalties that may apply and for ensuring that all contributions I make are within the HSA contribution limits as set forth by the Internal Revenue Service. I agree that Optum Financial and its subsidiaries shall in no way be held responsible for any tax consequence of this contribution.</p>	
Account Holder Signature:	Date:

How to Submit: Please mail the completed form and check or money order, made out to Optum Financial, to:

- Optum Financial, PO BOX 851287, 6300 Wayne Road, Westland, MI 48185

Note: Please include your HSA account number in the check memo field.

