

CONTRIBUTION FORM

HSA ACCOUNT NO: _____

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|-----------------|--------|------------|------|
| First Name: | MI: | Last Name: | SSN: |
| Street Address: | | Phone No: | DOB |
| City | State: | Zip: | |

As owner of the Health Savings Account/Medical Savings Account as identified above, I hereby request that the custodian take the following action: (Please check one action below)

Deposit — Regular Contribution I am making an account contribution/deposit in the amount of \$ Current Tax Year Contribution Type Employee, Employer Prior Tax Year Contribution Type Employee Employer Catch Up (You can have your contribution deposited under the prior plan year if your contribution is received between January 1 and tax filing deadline, usually April 15th, and you have not completed your tax filing for the year.) All prior year contributions must be postmarked by tax filing deadline.
NOTE: annual contribution limits apply. Please reference IRS Document 969 for the allowable limit on contributions that apply

Redeposit — Return of Mistaken Distribution (money spent from my HSA/MSA in error) **NOTE:** Funds redeposited will post in calendar year the redeposit occurs. I am making a redeposit in the amount of \$ related to a mistaken distribution from my account. By signing the bottom of page 2 of this form, I affirm that this deposit, in the amount stated above, is repayment of a mistaken distribution as defined by the IRS with no penalty if there is reasonable evidence that the original distribution was made in good faith (resulting from a mistake of fact due to reasonable cause). The repayment is classified as a “redeposit”, not a contribution; therefore it would not count toward the yearly maximum contribution. I understand InvestedHealth is not required to accept the mistaken distribution and I am responsible for any tax consequence that may result from the distribution. I understand that a distribution reversal or redeposit must be deposited by the tax-filing deadline, excluding extensions, for the year in which the original distribution occurred (tax filing deadline, usually April 15 of the following year). This redeposit will decrease the amount of distributions reported by InvestedHealth.

Reason for Redeposit: (Please check appropriate box below)

- I received reimbursement for the expense from another source
 A claim/distribution was overpaid
 My claim was reprocessed and I had a bill adjustment
 I paid an expense that was not HSA/MSA qualified

Rollover Contribution — Rollover from another HSA or I am making a rollover contribution in the amount of \$____. I understand that I can rollover amounts from Archer MSAs and other HSAs into an HSA. I must roll over the amount within 60 days after the date of receipt. I can make only one rollover contribution to an HSA/MSA during a 1-year period. A rollover contribution is not included in my income, is not deductible, and does not affect my contribution limit. **NOTE:** If you instruct the trustee of your HSA/MSA to transfer funds directly to InvestedHealth, the transfer is not considered a rollover. Use a “Transfer to InvestedHealth from Other Trustee Form” for this purpose, not this form.

I further understand that it is my sole responsibility to determine the tax consequences of such contribution, rollover or redeposit, to properly report it on my federal income tax return and on Form 8889 for HSA or Form 8853 for MSA accounts, as well as on any state income tax returns, and to pay any taxes and penalties arising as a result of this action (see IRS Publication 969, Health Savings Accounts and other Tax-Favored Health Plans)

Account Owner’s Signature: _____ Date: _____