

## Health Savings Account (HSA) Contribution Coupon (Deposit Slip)

**\*Save time by making HSA contributions online rather than mailing your deposit. Go online and click on "Link My Bank Accounts" or contact our Customer Service Department for assistance.\***

Instructions:

- Step 1.** Enter the Account Owner's name and last four (4) digits of his or her Social Security Number.
  - Step 2.** Enter the amount.
  - Step 3.** Check the type of contribution. \*If a contribution type is not selected, we will deposit the funds as a current year contribution\*
    - **Current Year Contribution** – A contribution for the current tax year.
    - **Prior Year Contribution** – A contribution for the prior tax year. You can make a contribution for the prior tax year between January 1 and April 15 of this year. **Note:** If you have already filed your tax return for last year, you may have to file an amendment. You may want to talk to your tax advisor about this.
    - **Re-Deposit Amount** – A deposit to pay back funds mistakenly withdrawn from your HSA. Please include the date of withdrawal.
    - **Rollover Deposit** – A deposit using funds you received from an HSA with another custodian. You may make only one rollover contribution to an HSA during a one-year period. You have 60 days from the date you receive the HSA funds from your prior custodian to deposit them into your PayFlex HSA.
  - Step 4:** Enter your PayFlex account number. You can get this from your HSA monthly statement, which is available online.
  - Step 5:** Sign and date the form.
  - Step 6:** Mail your check and coupon to us. The address is on the bottom of the coupon. Please keep a copy for your records. Make the check payable to PayFlex Systems USA, Inc.
- Note:** This deposit may have tax consequences. Please consult with a tax advisor if you have any questions prior to completing this form. We will return an incomplete form.

**HSA Contribution Coupon**  
**USE ONLY BLUE OR BLACK INK**  
**(Please Print)**

Account Owner Name						Social Security Number (Last 4 Digits)								
Check Amount Enclosed				Contribution Type (Select One)										
Account Number						<input type="checkbox"/> Current Year <input type="checkbox"/> Prior Year <input type="checkbox"/> Rollover Deposit <input type="checkbox"/> Re-Deposit      Date of Withdrawal _____ (for re-deposits only)								

**Mail this coupon and your check to:**  
 PayFlex Systems USA, Inc.  
 PO Box 3317  
 Carol Stream, IL 60132-3317

**\*\*Please make the check payable to PayFlex Systems USA, Inc.\*\***

**Certification**

I certify that I am eligible for an HSA. I also certify that I am qualified to make this HSA deposit. I accept the full responsibility for any tax consequences resulting from this transaction. I indemnify and hold PayFlex, its agents and affiliates, harmless from any resulting liabilities. I have received, read and agree to the Health Savings Account Custodial Agreement. The information I have provided is true and accurate.

Account Owner Signature	Date
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