



HSA CONTRIBUTION FORM

Instructions

1. Use this form to make a normal, mistaken distribution, or rollover contribution to your HSA. Use the HSA Transfer Form to request a transfer from another custodian/trustee into your HSA administered by HealthSCOPE Benefits.
2. Enclose a check made payable to **HealthSCOPE Benefits** (TPA) and forward with completed form to:

HealthSCOPE Benefits
Attn: HSA Team
P.O. Box 3627
Little Rock, AR 72203

To request an Electronic Funds Transaction instead of check, include your account information below and fax this form to **(501)218-7603** or email to **pebphrahsa@healthSCOPEBenefits.com**. **PLEASE INCLUDE A VOIDED CHECK OR COPY OF A VOIDED CHECK**

3. If you have any questions regarding making a contribution to your HSA, please call HealthSCOPE Benefits toll-free at **1-888-7NEVADA (1-888-763-8232)**.

Accountholder Information

Last Name	First Name	Middle Initial
Social Security Number	Employee ID and Employer (if applicable)	
Telephone Number	E-mail Address	
Street Address		
City	State	Zip Code

Contribution Information

Contributions over the cash minimum qualify to be invested and will be placed by default into an interest-bearing account. If you would like to change your investment allocation, you may do so by logging in to your account at **www.healthscopebenefits.com**. Future contributions will be allocated according to your investment allocation instructions.

Checks will be deposited into your HSA by Electronic Funds Transfer.

Contribution Amount \$ _____ Bank Routing Number _____

Contribution for Tax Year _____ Bank Account Number _____

PLEASE INCLUDE A VOIDED CHECK OR COPY OF A VOIDED CHECK

Contribution Type (choose one below):

- Normal - A normal contribution would include a regular, catch-up, or post-tax contribution.
- Mistaken Distribution – Contributions for a mistaken distribution must occur before December 31 of the year in which the mistaken distribution occurred. Contributions received after December 31 will be applied to the contribution maximum for the following year.
- Rollover from (choose one): HSA MSA **Please include a check.**

Rules and Conditions Regarding Rollovers A rollover is a way to move money or property from one HSA or Medical Savings Account (MSA) to another HSA. The Internal Revenue Code limits the number of rollovers that may be taken, how quickly rollovers must be completed and how the trustee or custodian must report the transaction.

Timeliness The funds you receive from the distributing HSA or MSA must be deposited into another HSA within 60 days of receipt of funds.

Twelve Month Restriction You can only make one rollover contribution per HSA per twelve-month period.

- I have enclosed a check from the previous trustee or custodian for my rollover.

Signature

I certify that I am the HSA accountholder or an individual authorized to execute this transaction. I have read and understand the instructions and any rules or conditions relating to and have met the requirements for making this transaction. I assume full responsibility for this transaction and will not hold TPA or Healthcare Bank liable for any adverse consequences that may result. I have not received tax or legal advice from TPA or Healthcare Bank and, if necessary, will seek the advice of a tax or legal professional to ensure my compliance with related laws. All information provided by me is true and correct and may be relied upon by TPA and Healthcare Bank. If I have chosen rollover as the contribution type, I make an irrevocable election to treat this transaction as such.

Signature of HSA Accountholder _____ Date _____