



Health Savings Account (HSA) Contribution Form

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:		
CYC 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

Contribution Amount:
\$ _____ . ____

Contribution For:

Current Tax Year ___ ___ ___ ___ (yyyy)

Prior Tax Year ___ ___ ___ ___ (yyyy)

Source of Contribution:

Accountholder and/or family member

Employer

Employee pre-tax (through Section 125 Plan)

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.

STEP 3: Authorization

By signing this form, I authorize the deposit of this contribution into my ConnectYourCare 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 ConnectYourCare shall in no way be held responsible for any tax consequence of this contribution.

Account Holder Signature:	Date:
---------------------------	-------

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

- ConnectYourCare, PO BOX 851287, 6300 Wayne Road, Westland, MI 48185

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

