

# Health Savings Account (HSA) Contribution Instructions

## 1 HSA OWNER INFORMATION

Name ..... HSA Account (Plan) Number .....

Address, City, State, and ZIP .....

Social Security Number ..... Date of Birth ..... Daytime Phone Number .....

Type of Health Insurance Plan Coverage (select one):  Self-Only  Family

## 2 CONTRIBUTION INFORMATION (See Additional Information included with this form.)

### A. General Contribution Information

Investment Number .....

Amount \$ .....

Contribution Date .....

Tax Year .....


### B. Contribution Type (select one):

- Regular
- Catch-Up (age 55 or older and not enrolled in Medicare)
- Rollover from a Health Savings Account
- Rollover from an Archer Medical Savings Account
- Rollover from a Health Reimbursement Arrangement/  
Health Flexible Spending Account
- Transfer from a Health Savings Account
- Transfer from an Archer Medical Savings Account
- Return of Mistaken Distribution
- Contribution from an IRA

## 3 SIGNATURES

I certify that this is an eligible HSA contribution. I certify that the information provided by me is accurate, and I instruct the custodian/trustee to complete my contribution as set forth herein. I have not received any tax or legal advice from the custodian/trustee. I assume sole responsibility for all tax consequences associated with my contributions, determining my eligibility, and ensuring that such contributions are in compliance. I will seek the advice of my tax or legal professional when appropriate. I hold the custodian/trustee harmless against any and all claims and situations arising from this contribution transaction.

 .....  
Signature of HSA Owner/Contributor Date

 .....  
Signature of Custodian/Trustee Date

## ADDITIONAL INFORMATION

**Purpose.** The Health Savings Account (HSA) Contribution Instructions form is used to document an HSA contribution transaction.

**Additional Documents.** Applicable law or policies of the HSA custodian/trustee may require additional documentation.

**For Additional Guidance.** It is in your best interest to seek the guidance of your tax or legal professional before completing this document. You should also reference the HSA agreement and disclosure statement and/or amendments provided by your custodian/trustee. For additional information, refer to Internal Revenue Code (IRC) Section 223, other relevant IRC sections, and all additional Internal Revenue Service (IRS) guidance; IRS publications that include information about HSAs; instructions to your federal income tax return; your local IRS office; or the IRS's web site at [www.irs.gov](http://www.irs.gov).

**Terms.** A general understanding of the following terms may be helpful in completing your transactions.

**Regular or Annual Contributions.** The maximum annual contribution to an HSA is the sum of the limits determined separately for each month, based on status, eligibility, and health plan coverage as of the first day of the month. The maximum monthly contribution for eligible individuals is 1/12 of the annual contribution limit. The contribution limits are as follows:

Tax Year	HDHP Coverage	Contribution Limit
2007	Self-Only	\$2,850
	Family	\$5,650
2008	Self-Only	\$2,900
	Family	\$5,800
2009 and later	Self-Only	Subject to COLAs*
	Family	Subject to COLAs*

\*cost-of-living adjustments

If you are an eligible individual during the last month of the tax year, but are not an eligible individual for all months of the tax year, you are treated as an eligible individual for all months of such tax year and may contribute up to such year's annual contribution limit. A testing period applies. The testing period for this provision begins with the last month of the contribution year and ends on the last day of the 12th month following such month. If you do not continue to be an eligible individual for the entire testing period, unless you die or become disabled, the amount of the contribution for the months you were not originally eligible will be includable in gross income for the year of the failure and is subject to a 10 percent penalty tax.

If you are an eligible individual, you may elect to take a qualified HSA funding distribution from your IRA to the extent such distribution is contributed to your HSA in a direct trustee-to-trustee transfer. This amount is aggregated with all other annual contributions and is subject to your annual contribution limit. A qualified HSA funding distribution election is irrevocable and is generally available once in your lifetime. A testing period applies. The testing period for this provision begins with the month of the contribution to your HSA and ends on the last day of the 12th month

following such month. If you are not an eligible individual for the entire testing period, unless you die or become disabled, the amount of the contribution made under this provision will be includable in gross income for the tax year of the month you are not an eligible individual, and is subject to a 10 percent penalty tax.

If an individual has more than one HSA, the aggregate annual contributions to all the HSAs are subject to the contribution limit. This limit is decreased by the aggregate contributions to an Archer Medical Savings Account (MSA). The same annual contribution limit applies whether the contributions are made by an employee, an employer, a self-employed person, a family member, or any other person (including nonindividuals). Contributions may be made by or on behalf of eligible individuals even if the individuals have no compensation or if the contributions exceed their compensation.

**Catch-Up Contributions.** Catch-up contributions are HSA contributions made in addition to any regular HSA contributions. You are eligible to make catch-up contributions if you meet the eligibility requirements for regular contributions and are age 55 or older by the end of your taxable year and not enrolled in Medicare. As with the annual contribution limit, the catch-up contribution is computed on a monthly basis. The chart that follows shows these additional amounts.

Tax Year	Catch-Up Amount
2007	\$ 800.00
2008	\$ 900.00
2009 and later	\$1,000.00

**Archer Medical Savings Account (MSA).** An Archer MSA is a tax-favored savings account designed to help you pay for qualified medical expenses if you are an employee of a small employer or a self-employed individual participating in a high-deductible health plan. Archer MSA assets may be rolled over or transferred to an HSA.

**Health Flexible Spending Account (FSA).** A health FSA is an arrangement that allows employees to be reimbursed for medical expenses. Health FSAs are usually funded through voluntary salary reduction agreements with the employer. No employment or federal income taxes are deducted from contributions made to a health FSA. In general, balances in a health FSA at the end of a plan year cannot be carried over to the next year. For more information on health FSAs see IRS Publication 969, *Health Savings Accounts and Other Tax-Favored Health Plans*.

**Health Reimbursement Arrangement (HRA).** An HRA is an arrangement similar to a health FSA; however, an HRA must be solely funded by an employer. The contribution cannot be paid through a voluntary salary reduction agreement on the part of an employee. Employees are reimbursed tax free for qualified medical expenses up to the maximum dollar amount for a coverage period. Balances in an HRA at the end of a plan year can generally be carried over to the next year. For more information on health HRAs see IRS Publication 969, *Health Savings Accounts and Other Tax-Favored Health Plans*.