

**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:	
HSA Account Number: (12 digits from your Welcome Kit or statement. Not your card number.)		Social Security Number: (Only Last 4 Digits Required)	X X X / X X / ___

STEP 2: Contribution Information
Contribution Amount: \$ _____ . _____
Contribution For: <input type="checkbox"/> Current Tax Year ___ ___ ___ ___ (yyyy) <input type="checkbox"/> Prior Tax Year ___ ___ ___ ___ (yyyy)
Source of Contribution: <input type="checkbox"/> Accountholder and/or family member <input type="checkbox"/> Employer <input type="checkbox"/> 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 Optum Financial, to:

- Optum Financial, PO BOX 851287, 6300 Wayne Road, Westland, MI 48185

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

