



Health Savings Account (HSA) Contribution

Instructions

- Retain copies for your files.
- Please submit completed Contribution form and check to: **Aetna Life Insurance Company – HSA**
P.O. Box 7247-6053
Philadelphia, PA 19170-6053
- Please make check payable to Aetna Life Insurance Company.
- Please remember to include your Aetna member ID on your check.
- If you have any questions about your Health Savings Account, call the toll-free number provided on your HSA statements.
- Additional contribution forms are available on the Internet from Aetna Navigator, our member self-service website at www.aetna.com.

Account Holder Information

Social Security Number	Name (Last, First, MI)	Home Telephone Number	Business Telephone Number
Address (Street, City, State and Zip Code)			
Birthdate (MM/DD/YYYY)	Identification Number	Control-Suffix-Account Number	

Type of Contribution

Regular – year of contribution required (must complete year below)
Current Tax Year: _____ or Prior Tax Year: _____

Rollover

Contribution Amount

Contribution to HSA \$ _____

Certification

I certify that I am eligible for an Aetna HSA. I certify that I do qualify to make the HSA deposit specified above. I received and will retain with me a copy of the Aetna's HSA Disclosure Statement and of the Aetna's HSA Terms and Conditions. I have read, understand and agree in its entirety with the Aetna's HSA Disclosure Statement and the Aetna's HSA Terms and Conditions. I understand that I have the right to request a copy of this Form.

Account Holder Signature _____ Date _____