PAYFLEX®

Health Savings Account (HSA) Contribution Coupon (Deposit Slip)

Instructions:

Step 1. Enter the Account Owner's name and last four (4) digits of his or her Social Security Number.

Step 2. Enter the amount.

Step 3. Check the type of contribution.

- **Current Year Contribution** – A contribution for the current tax year.
- **Prior Year Contribution** – A contribution for the prior tax year. You can make a contribution for the prior tax year between January 1 and April 15 of this year. **Note**: If you make a prior year contribution and you have already filed your tax return for the prior year, you may have to file an amendment. You may want to talk to your tax advisor about this.
- **Re-Deposit Amount** – A deposit to pay back funds mistakenly withdrawn from your HSA. Please include the date of withdrawal.
- **Rollover Deposit** – A deposit using funds you received from an HSA with another custodian. You may make only one rollover deposit to an HSA during a one-year period. You have 60 calendar days from the date you receive the HSA funds from your prior custodian to deposit them into your PayFlex HSA.

Step 4: Enter your HSA number. You can get this from your HSA monthly statement, which is available online.

Step 5: Sign and date the coupon.

Step 6: Mail your check and coupon to us. The address is on the bottom of the coupon. Please keep a copy for your records. Make the check payable to PayFlex Systems USA, Inc.

Note: This deposit may have tax consequences. Please consult with a tax advisor if you have any questions prior to completing this form. We will return an incomplete form.

HSA Contribution Coupon

USE ONLY BLUE OR BLACK INK
(Please Print)

Account Owner Name	**Social Security Number** *(Last 4 digits)*

Check Amount Enclosed

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Contribution Type (Select One)

☐ Current Year ☐ Prior Year ☐ Rollover Deposit
☐ Re-Deposit Date of Withdrawal _____ (for re-deposits only)

HSA Number

Mail this coupon and your check to:

PayFlex Systems USA, Inc.
PO Box 3615
Carol Stream, IL 60132-3615

Please make the check payable to PayFlex Systems USA, Inc.

Certification

I certify that I am eligible for an HSA. I also certify that I am qualified to make this HSA deposit. I accept the full responsibility of any tax consequences for this transaction. I indemnify and hold PayFlex, its agents and affiliates, harmless from any resulting liabilities. I have received, read and agree to the Health Savings Account Custodial Agreement. The information I have provided is true and accurate.

Account Owner Signature	**Date**
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