

Aetna HealthFund® Health Savings Account

DEPOSIT SLIP

HSA ACCOUNT NUMBER:

3	9	7																	
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To locate your HSA account number, go to www.aetnavigators.com and view your HSA account summary screen.

HSA MEMBER NAME:

Year in which contribution should be applied: _____
If you do not choose a year, it will be applied to the current tax year. Prior year contributions must be postmarked between January 1 and April 15.

DOLLAR AMOUNT ENCLOSED:

\$

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Make checks payable to Aetna HealthFund HSA.

Mail your check and deposit slip using the mailing address provided at right. Do not send address changes or correspondence with your deposit.

Deposits may not be available for immediate withdrawal. All items for deposit are subject to verification and account agreements and disclosures.

For additional deposit slips, please call Member Services.



[PO Box 23058]

M-77249 10/05



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