

Health Savings Account (HSA) Individual Contribution Form

HSA ACCOUNT OWNER'S NAME AND ADDRESS			HSA TRUSTEE'S OR CUSTODIAN'S NAME AND ADDRESS	
			Ameriflex HSA ATTN: Banking Operations 7 Carnegie Plaza Suite 200 Cherry Hill, NJ 08003	
Social Security Number	Date of Birth	Home Phone	Personal Email Address	Ameriflex HSA Account Number

CONTRIBUTION INFORMATION		
Date	Contribution Amount	Contribution For Tax Year*

Rules And Conditions Applicable To Contributions

Various types of contributions may be made to your Health Savings Account (HSA). Federal law limits the amount which may be contributed and the date by which such contributions may be made. By completing this form you are authorizing Ameriflex to accept the HSA contribution described on this form and you are certifying that you are eligible to make such contribution. If you have any questions regarding a contribution, please seek the assistance of a tax professional.

The total amount you may contribute to an HSA for any taxable year cannot exceed the applicable limit for that year. If you are age 55 or older by the end of the taxable year, you are eligible to make additional catch-up contributions to your HSA for that year. Qualified HSA funding distributions taken from your IRA and directly deposited to your HSA are also reported as regular HSA contributions.

This publication is available from your local IRS office, on the IRS Internet Website at www.irs.gov. Refer to IRS Publication 969, Health Savings Accounts and Other Tax-Favored Health Plans, for more information.

SPECIAL INSTRUCTIONS	SIGNATURE
	I certify that the deposit described above is eligible to be contributed to the HSA and I authorize the deposit/investment in the manner described above. I certify that all of the information provided by me is correct and may be relied upon by the Trustee or Custodian. (HSA Account Owner) _____ (Date) _____

Instructions: Return completed form with a check to: **Ameriflex HSA, ATTN: Banking Operations, 7 Carnegie Plaza, Suite 200, Cherry Hill, NJ 08003**. For assistance send an email to: service@myameriflex.com.