



CONTRIBUTION ELIGIBILITY

PART 1. HSA OWNER

Name (First/MI/Last) _____
 Social Security Number _____
 Date of Birth _____ Phone _____
 Email Address _____
 Account Number _____ Suffix _____

PART 2. HSA TRUSTEE OR CUSTODIAN

To be completed by the HSA trustee or custodian

Name _____
 Address Line 1 _____
 Address Line 2 _____
 City/State/ZIP _____
 Phone _____ Organization Number _____

PART 3. CONTRIBUTION TYPE ELIGIBILITY REQUIREMENTS

To be eligible for an HSA contribution type listed below, all statements for that contribution type must be true. Refer to page 2 for rules and conditions that apply to contribution eligibility.

REGULAR *(Includes catch-up contributions and qualified HSA funding distributions from an IRA)*

- I am covered by an HSA-eligible high deductible health plan (HDHP).
- I am not covered by a nonHDHP that provides coverage for any benefit that is also covered under the HDHP (with limited exceptions).
- I am not enrolled in Medicare.
- I am not eligible to be claimed as a dependent on another person's tax return.

If this contribution is a qualified HSA funding distribution from your IRA, the following statements also must be true.

- I have not previously completed a qualified HSA funding distribution from my IRA.
- This is a direct movement of assets from my IRA into this HSA.

ROLLOVER *(Distribution from an HSA or Archer MSA that is being deposited into this HSA)*

- I received the assets from the distributing HSA or Archer MSA within the last 60 days.
- I have not rolled over any assets to an HSA in the last 12 months.

PART 4. SIGNATURE

I certify that all of the information provided by me is accurate and may be relied upon by the trustee or custodian. I certify that I am eligible for the type of HSA contribution being made.

X _____
 Signature of HSA Owner

_____ Date (mm/dd/yyyy)

RULES AND CONDITIONS APPLICABLE TO HSA CONTRIBUTION ELIGIBILITY

HSA contribution rules are often complex. The general rules are listed below. If you have any questions regarding a contribution, please consult with a competent tax professional or refer to IRS Publication 969, *Health Savings Accounts and Other Tax-Favored Health Plans*, for more information. This publication is available on the IRS website at www.irs.gov or by calling 1-800-TAX-FORM.

REGULAR

You may contribute to an HSA if all of the following apply.

- **High Deductible Health Plan (HDHP).** You are covered by an HSA-eligible HDHP. An HDHP is a health plan that satisfies each of the following requirements regarding deductibles and out-of-pocket expenses. The rules that define HSA-eligible HDHPs can be complicated. Check with your health insurance provider to determine if your health plan coverage is HSA-compatible.
 - For self-only coverage, the annual deductible is at least \$1,300 (for 2016 and 2017) and annual out-of-pocket expenses cannot exceed \$6,550 (for 2016 and 2017)
 - For family coverage, the annual deductible is at least \$2,600 (for 2016 and 2017) and annual out-of-pocket expenses cannot exceed \$13,100 (for 2016 and 2017)
- **Other Coverage.** Generally, you may not be covered under any other type of nonHDHP benefit program, such as health flexible spending arrangements and health reimbursement arrangements, or have received Veterans Affairs (VA) medical benefits. Exceptions exist for vision, dental, long-term care, disability, and preventive care.
- **Medicare.** You may not be enrolled in Medicare.
- **Dependent.** You may not be eligible to be claimed as a dependent on another person's tax return.
- **Contribution Limit.** The total amount you may contribute to an HSA for any tax year may not exceed the following annual limits.
 - For self-only coverage, \$3,350 (for 2016) or \$3,400 (for 2017)
 - For family coverage, \$6,750 (for 2016 and 2017)
- **Catch-Up Contribution.** If you are age 55 or older by the end of the year, you may be eligible to make an additional \$1,000 catch-up contribution to an HSA for that tax year.
- **Qualified HSA Funding Distribution.** A qualified HSA funding distribution is a one-time direct movement of assets from a Traditional IRA or Roth IRA to an HSA, and is treated as a regular HSA contribution. If your insurance coverage changes from self-only to family during the year, you may make an additional HSA funding distribution to meet, but not exceed, the family coverage contribution limit.

ROLLOVER

Timeliness. The assets you receive from the distributing HSA or Archer medical savings account (MSA) generally must be deposited into another HSA within 60 calendar days.

Twelve-Month Restriction. You are entitled to one HSA rollover contribution in a 12-month period.



CONTRIBUTION AND INVESTMENT SELECTION

PART 1. HSA OWNER

Name (First/MI/Last) _____
 Social Security Number _____
 Date of Birth _____ Phone _____
 Email Address _____
 Account Number _____ Suffix _____

PART 2. HSA TRUSTEE OR CUSTODIAN

To be completed by the HSA trustee or custodian

Name _____
 Address Line 1 _____
 Address Line 2 _____
 City/State/ZIP _____
 Phone _____ Organization Number _____

PART 3. CONTRIBUTION INFORMATION

Contribution Amount _____ Contribution Date _____

CONTRIBUTION TYPE (Select one)

- 1. Regular** (Includes catch-up contributions as well as qualified HSA funding distributions from an IRA)
 Contribution for Tax Year _____ (Qualified HSA funding distributions from an IRA must be made for the current tax year)
- 2. Rollover** (Distribution from an HSA or Archer MSA that is being deposited into this HSA)
 By selecting this transaction, I irrevocably designate this contribution as a rollover.
- 3. Transfer** (Direct movement of assets from an HSA or Archer MSA into this HSA)

PART 4. INVESTMENT AND DEPOSIT INFORMATION

INVESTMENT INFORMATION (Complete this section as applicable.)

Investment Description	Quantity or Amount	Status (new or existing)	Investment Number	Term or Maturity Date	Interest Rate
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

DEPOSIT METHOD

- Cash or Check** (If the contribution type is transfer, the check must be from a financial organization made payable to the trustee for this HSA.)
- Internal Account**
 Account Number _____ Type (e.g., checking, savings, HSA) _____
- External Account** (e.g., EFT, ACH, wire) (Additional documentation may be required and fees may apply.)
 Name of Organization Sending the Assets _____ Routing Number (Optional) _____
 Account Number _____ Type (e.g., checking, savings, HSA) _____

Deposit Taken by _____

PART 5. SIGNATURE

I certify that all of the information provided by me is accurate and may be relied upon by the trustee or custodian. I certify that the contribution described above is eligible to be contributed to the HSA and I authorize the deposit/investment in the manner described above.

X _____
Signature of HSA Owner

_____ Date (mm/dd/yyyy)

RULES AND CONDITIONS APPLICABLE TO HSA CONTRIBUTIONS

HSA contribution rules are often complex. The general rules are listed below. If you have any questions regarding a contribution, please consult with a competent tax professional or refer to IRS Publication 969, *Health Savings Accounts and Other Tax-Favored Health Plans*, for more information. This publication is available on the IRS website at www.irs.gov or by calling 1-800-TAX-FORM.

REGULAR

The total amount you may contribute to an HSA for any tax year cannot exceed the published annual limit. A qualified HSA funding distribution is a one-time direct movement of assets from a Traditional IRA or Roth IRA, and is treated as a regular HSA contribution.

- You may make a contribution for the prior year up until your tax filing deadline for that year, not including extensions. Designating a contribution for the prior year is irrevocable.
- If you are age 55 or older by the end of the year, you may be eligible to make an additional catch-up contribution to an HSA for that tax year.

ROLLOVER

A rollover is a distribution and a subsequent tax-free movement of assets from any of your other HSAs or Archer medical savings accounts (MSAs) to your HSA.

- You are permitted to make only one rollover contribution to any of your HSAs in a 12-month period.
- A rollover generally must be completed within 60 days from the date you receive the assets.

TRANSFER

A transfer is a direct movement of assets to your HSA from any of your other HSAs or Archer MSAs. You may perform an unlimited number of transfers.