

# HEALTH SAVINGS ACCOUNT (HSA) CHECK CONTRIBUTION FORM



## Instructions

- Please make check payable to Citibank N.A.
- Please submit completed Contribution Form and check to: CITIGROUP, P.O. Box 2322, Carol Stream, IL 60132-2322
- Please remember to include your Health Savings Account number on your check
- If you are submitting a check for a returned item or a rebate please indicate "correcting contribution" and explain the nature of the transaction in the space to the right.
- Retain copies for your files
- If you have any questions about your Health Savings Account please call 1-877-HSA-CITI

## \* Denotes Required Fields

### Health Savings Account Owner Information

Health Savings Account Number*		Social Security Number*	
First Name*	MI*	Last Name*	
Street Address*	City*	State*	Zip*
Daytime Phone Number*	Evening Phone Number*	Email	

### Contributions

HSA Regular Contribution for Tax Year 20\_\_\_\_\_ \$ \_\_\_\_\_

The deadline for contributions for the prior year is April 15th. All contributions received after that date will be applied to the current year. Contribution information is reported to the IRS. Please be sure to determine your eligibility to contribute to a HSA.

### Rollovers/Transfers

Rollover from HSA to HSA (Current Tax Year Only) \$ \_\_\_\_\_
  Transfer from IRA to HSA Prior Tax Year \$ \_\_\_\_\_ Current Tax Year \$ \_\_\_\_\_
  Transfer from HRA or FSA to HSA (Current Tax Year Only) \$ \_\_\_\_\_

The following lists the requirements for eligible HSA Rollovers/Transfers. By Requesting a rollover or transfer you certify the following requirements have been met:

- **Eligible Plan** - The amount you wish to rollover comes entirely from another eligible HSA, FSA, or IRA.
- **Timeliness** - Not more than 60 days have passed since you received the distribution from the distributing HSA, IRA, FSA or HRA.
- **Twelve Months Restriction** - You have not received any other distributions from the distributing HSA over the past 12 months and the assets involved in this transaction have not rolled over from one HSA to another HSA in the past twelve months.

### Correcting Contribution

Correcting contribution for Tax Year 20\_\_\_\_\_ \$ \_\_\_\_\_

**Explanation\*** \_\_\_\_\_

All information provided by me is true and may be relied on by Custodian. I certify that I am eligible for the type of contribution being made.

I understand that I assume total responsibility for all contributions to my HSA and that I am solely responsible for any tax consequences of any transaction including contributions, rollover contributions or distributions) with regard to my HSA. I will not hold Custodian liable for any adverse consequences (tax or otherwise) that may result.

I have read and understand the rules on this form and the Disclosure form that was provided with my initial Application and Appointment. If this Form is for purpose of a rollover, I certify that I meet the requirements therefore. Due to the important tax consequences implicated in the requested transaction, I have been advised to see a tax professional. I assume full responsibility for any and all transactions requested by or through this form.

Account Owner's Signature*	Date*
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