

HEALTH SAVINGS ACOUNT (HSA) CONTRIBUTION FORM

Instructions

- 1. Use this form to make a normal, mistaken distribution, rollover or transfer contribution.
- 2. Enclose a check made payable to **TASC** (TPA) and forward with completed form to:

Mail: PO Box 7511

or Fax: 1-877-231-1287

Madison, WI 53707-7511

If a check will be sent for a transfer from another HSA custodian or trustee, indicate that in the transfer section and forward the completed form without an enclosed check. Transfer checks should be sent to

Healthcare Bank FBO (Accountholder Name) 3100 13th Avenue South, Fargo ND 58103.

3. If you have any questions regarding making a contribution to your HSA, please call **1-844-786-3947**. For more information regarding transfers, see the HSA Transfer Information Form.

Accountholder Information

Signature of HSA Accountholder

_as	t Name	First Name	Middle Initial
Social Security Number		Employee ID and Employer (if applicable)	
Tele	ephone Number	Email Address	
Stre	eet Address		
City	,	State	Zip Code
Сс	entribution Information		
Contributions over the cash minimum qualify to be invested and will be placed by default into an interest-bearing account. If you would like to change your nvestment allocation, you may do so by logging in to your account at https://partners.tasconline.com/ETFEmployee . Future contributions will be allocated according to your investment allocation instructions.			
Cor	ntribution Amount \$	<u>—</u>	
Cor	ntribution for Tax Year	<u></u>	
Coı	ntribution Type (choose one below):		
	Normal - A normal contribution would include a regular, catch-up, or post-tax contribution.		
	Mistaken Distribution – Contributions for a mistaken distribution must occur before December 31 of the year in which the mistaken distribution occurred. Contributions received after December 31 will be applied to the contribution maximum for the following year.		
Rollover from (choose one): HSA MSA Please include a check.			
	Rules and Conditions Regarding Rollovers A rollover is a way to move money or property from one HSA or Medical Savings Account (MSA) to another HSA. The Internal Revenue Code limits the number of rollovers that may be taken, how quickly rollovers must be completed and how the trustee or custodian must report the transaction. Timeliness The funds you receive from the distributing HSA or MSA must be deposited into another HSA within 60 days of receipt of funds. Twelve Month Restriction You can only make one rollover contribution per HSA per twelve-month period.		
	Transfer from (choose one): ☐ HSA ☐ MSA ☐ IRA		
	☐ I have enclosed a check from the p	previous trustee or custodian.	
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l ce cor Hea will	entify that I am the HSA accountholder or an individual authorized to enditions relating to and have met the requirements for making this talthcare Bank liable for any adverse consequences that may result. I seek the advice of a tax or legal professional to ensure my compliated upon by TPA and Healthcare Bank. If I have chosen rollover or transh.	transaction. I assume full respon have not received tax or legal ad ince with related laws. All informa	sibility for this transaction and will not hold TPA or vice from TPA or Healthcare Bank and, if necessary, tion provided by me is true and correct and may be

Date

TASC complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-608-316-2408. LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-877-533-5020 (TTY: 1-800-947-3529).