

HSA Contribution Form

Please complete this form to make a contribution to your HSA account. Use the Transfer of Assets form to request a transfer from another custodian/trustee into this account. Enclose a check made payable to WealthCare Saver FBO (Account Holder Name) HSA in the amount specified below and include your HSA account number on your check.





OR -



Questions about this form?

Mail completed form to: WealthCare Saver #010950 BIN 88950 Milwaukee, WI 53288-0950

Overnight completed form to: WealthCare Saver #010950 4900 W. Brown Deer Road Milwaukee, WI 53223

(888) 343-2110 Mon - Fri, 8:00AM - 9:00PM ET

ACCOUNT NUMBER (13 digits	beginning with 314)			
LAST NAME	FIRST NAME		MIDDLE INITIAL	
EMPLOYER NAME			SOCIA	 L SECURITY NUMBER
EMAIL ADDRESS			TELEPHONE NUMBER	
STREET ADDRESS				
ITY STATE			ZIP CODE	
CONTRIBUTION AMOUNT CONTRIBUTION TYPE AND Y Prior year contributions may only be m	EAR (CHOOSE ONE) ade between January 1st and April 15th	of the current year		CONTRIBUTION TAX YEAR
STANDARD	☐ Current Tax Year (Transaction Code 200)	RETURN OF MISTAKEN DISTRIBUTION A return of an HSA distribution taken for an unqualified medical expense.		Current Tax Year (Transaction Code 204)
A standard contribution would include a current year, prior year or catch-up contribution.	 □ Prior Tax Year (Transaction Code 201) □ Catch-up Contribution (Transaction Code 206) 	distribution taken fo	or an	Prior Tax Year (Transaction Code 205)
A standard contribution would include a current year, prior year or catch-up contribution.	□ Prior Tax Year (Transaction Code 201) □ Catch-up Contribution	distribution taken for unqualified medica	or an	(Transaction Code 205)

Please Note: If a contribution type is not designated, all contributions will be applied as a Standard Contribution for the Current Year. When the contribution has been made, you can view the transaction online or on your monthly HSA account statement.

considered a rollover. Use a WealthCare Saver Transfer of Assets form for this purpose, not this form.

Section 3: Signature	
the terms and conditions regarding this transaction as de account. I assume full responsibility for this transaction a for any adverse consequences that may result. I have no its affiliates, and, if necessary, will seek the advice of a tax	al authorized to execute this transaction. I have read and understand escribed in the Custodial Agreement provided when opening this HSA and will not hold WealthCare Saver as Custodian, or its affiliates, liable of received tax or legal advice from WealthCare Saver as Custodian, or ax professional or legal counsel to ensure my compliance with related and may be relied upon by WealthCare Saver as Custodian.
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SIGNATURE OF HSA ACCOUNT HOLDER	DATE