

# HEALTH SAVINGS ACCOUNT (HSA) CHECK CONTRIBUTION FORM



## INSTRUCTIONS

- Retain copies for your files
- Please submit completed Contribution Form and check to: CITIGROUP, P.O. Box 2322, Carol Stream, IL 60132-2322
- Please make check payable to CITIBANK, N.A.
- Please remember to include your HSA account number on your check
- If you have any questions about your Health Savings Account please call 1-877-HSA-CITI
- 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.

## \*Denotes required fields

### HSA Account Owner Personal Information

\*Name (First, M.I., Last)

*Street Address	*City	*State	*Zip
Daytime Telephone	Evening Telephone	*Account Number	

### Contribution Information (Please make checks payable to Citibank, N.A.)

\*Amount of Contribution: \$ \_\_\_\_\_

\*This contribution is for: 200 \_\_\_\_\_

**REGULAR CONTRIBUTION**

**CORRECTING CONTRIBUTION** - Explanation: \_\_\_\_\_

**ROLLOVER**

The following lists the requirements for an eligible HSA Rollover. By requesting treatment as an HSA Rollover you certify that the following requirement have been met:

1. **ELIGIBLE PLAN** - The amount that you wish to roll over comes entirely from another HSA or an Archer MSA, and does not contain funds other than from an HSA or an Archer MSA.
2. **TIMELINESS** - Not more than 60 days have passed since you received the distribution from the distributing HSA or MSA.
3. **TWELVE MONTH RESTRICTIONS** - You have not received any other distributions from the distributing HSA in the past 12 months which you also rolled over to another HSA, and the assets involved in this transaction have not been previously rolled over from one HSA to another within the past 12 months.

Please note that Custodian is not required to accept any particular rollover contribution, and reserves the right to refuse same where it deems appropriate.

### Signature

All information provided by me is true and correct 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.

\*HSA Account Owner's Signature

\*Date

©2006 Citibank N.A. CITIBANK and Arc Design is a registered service mark of Citigroup Inc. MasterCard is a registered trademark of MasterCard International Incorporated. Used pursuant to license.