HSA Contribution Form

motivhealth®

Email, fax, or mail completed forms to:

Email: hsaoperations@motivhealth.com **Fax:** 844.533.1289 **Mail:** MotivHealth, Attention: HSA Operations
PO Box 709718 Sandy, UT 84070-9718

Primary Account Holder Information

Employer Name			
Last Name	First Name		M.I.
Street Address	City	State	ZIP
Email Address (required)	Daytime Phone	SSN or MotivHealth ID Number (6 or 7 digits)	

Contributions

Contribution tax year: _____	Contributions for the prior tax year are accepted until April 15 of the following year. Funds will be applied to the tax year of the date on the attached check if no year is indicated.

Banking Information

What method would you like to use to make contributions to your HSA?

☐ **Option 1**—Include a check payable to MotivHealth with this form and mail to: **MotivHealth Attn: Client Services, PO Box 709718 Sandy, UT 84070-9718**

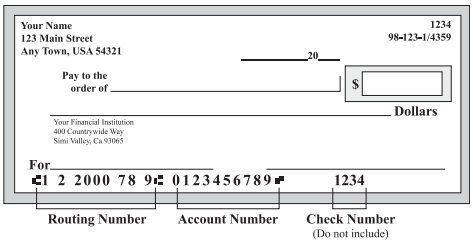
Include the **tax year** and your **MotivHealth ID number** (6 or 7 digits) on the check.

When you provide a check as payment, you authorize MotivHealth to either use the information from your check to make fund transfer from your account if eligible, or to process the payment as a check transaction. Funds processed via BOC may be withdrawn from your account as soon as the same day your payment is received.

☐ **Option 2**—One-time electronic funds transfer (EFT)

Fax this form and a copy of a voided check to:

MotivHealth, Attn: Member Services, (884) 533-1289



Account type: ☐ Checking ☐ Savings

Amount of deposit: _____

Financial institution: _____

City/state: _____

Routing number: _____ Account number: _____

Voided check is required if your personal account is not on file.

Authorization

By signing below, I authorize the deposit of the above stated amount into my MotivHealth health savings account (HSA).
I understand the eligibility requirements of the type of HSA deposit I am making and state that I qualify to make the deposit.

I assume complete responsibility for:

1. Determining that I am eligible for an HSA each year I make a contribution.
2. Ensuring that all contributions I make are within the limits set forth by tax laws.
3. The tax consequences of any contribution (including rollover contributions) and distributions.

Name:	**Signature:**	**Date:**

Please allow three to five business days after your form is processed by MotivHealth for your deposit to post to your account.