

# HSA CONTRIBUTION FORM EMPLOYER



## Instructions

1. Use this form to make contributions to the Employee HSA.
2. Enclose check(s) made payable to **Fifth Third Bank – FBO Employee Name**.
3. Forward check(s) with completed form(s) to **Fifth Third Bank, P.O. Box 635631, Cincinnati, OH 45263-5631**.
4. If you have any questions regarding making a contribution to your HSA, please contact the **HSA Employer Support Center at 866-379-3630**.

## Note to Employers:

*Use a separate form for each HSA Account Holder.  
Use a separate check for each deposit/contribution.*

## Account Holder Information

_____	_____	_____
Last Name	First Name	Middle Initial
_____	796-_____	
Social Security Number	HSA Account Number <b>(10 digits, will begin with 796)</b>	
_____	_____	
Telephone Number	E-mail Address	
_____		
Street Address		
_____	_____	_____
City	State	Zip Code

## Contribution Information

Employer Name \_\_\_\_\_

Employer EIN Number \_\_\_\_\_

Contribution Amount \$ \_\_\_\_\_

Contribution Type (choose one below):

- Current year Employee contribution (7)
- Current year Employer contribution (8)
  
- Prior year Employee contribution
- Prior year Employer contribution

*Please Note - If a contribution type is **not designated**, all contributions will be applied to the **Current Year**.*

When the contribution has been made, you can view the transaction at [www.53hsa.com](http://www.53hsa.com) or on your monthly HSA account statement.

\_\_\_\_\_  
Signature of Employer

\_\_\_\_\_  
Date