



FIFTH THIRD BANK

HSA Contribution Form – Employer

Instructions:

1. Use this form to make contributions to your Employee's 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**.

CONTRIBUTION INFORMATION

Employer Name:

Employer Code:

Total Amount of Contributions/Check Amount:
\$

				Please choose one box below. Please note: If a contribution type is not designated, all contributions will be applied to Current Year .		
FULL NAME	SSN	HSA ACCOUNT NUMBER (starts with 796)	CONTRIBUTION AMOUNT	CURRENT YEAR – EMPLOYEE (7)	CURRENT YEAR – EMPLOYER (8)	PRIOR YEAR (2)
<i>Sample</i>	<i>123-45-6789</i>	<i>796-1234567</i>	<i>\$0.00</i>	X		
			\$			
			\$			
			\$			
			\$			
			\$			
			\$			
			\$			
			\$			
			\$			
			\$			
Total			\$	Must match Check Amount above		

If you have more than 10 contributions, please attach a spreadsheet using the same layout as above.

Signature of Employer

Date

Printed Name

Phone Number