



## HEALTH SAVINGS ACCOUNT (HSA) DEPOSIT SLIP

HSA Account Holder Name:		Social Security Number (Last 4 Digits):
Account Number:	Contribution Type (select one): <input type="checkbox"/> Current Year <input type="checkbox"/> Prior Year*	Amount Enclosed: \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
Signature:		Date:

**Note:** This deposit may have tax implications. Please consult with a tax advisor if you have any questions prior to completing this form.

Make check payable to: Acclaris, Inc.

Mail this coupon and your check to:  
Acclaris, Inc.  
P.O. Box 530028  
Atlanta, GA 30353-0028

\*Prior year contributions must be postmarked before the tax filing deadline (generally April 15th).

Deposits may not be available for immediate withdrawal. Any relevant information missing on this form may delay or prevent the processing of your request.

Acclaris, Inc. offers all account services and is the HSA custodian.

*Please cut along the dotted line.*



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