



Health Savings Account Contribution Form

Use this form to make a contribution (deposit money) into your HSA. If you have any questions about HSAs or completing this form, please contact Pro-Flex Administrators, LLC. at 716-633-2073.

Process:

1. Complete all sections of this form.
2. Email, mail or fax completed form to:
Email: CSR@proflextpa.com
Address: Pro-Flex Administrators, LLC, 8321 Main Street, Williamsville, NY 14221
Fax: 716-929-2013

*Required Fields

Part I Consumer Information			
*Consumer Name (First, MI, Last)		*Employer Name (If sponsored by an employer plan)	
*Birth Date (MM/DD/YYYY)	*Social Security Number	*Day Telephone	
*Address			
*City	*State	*Zip	
Email Address			

Part II Contribution Information Please make check payable to: Pro-Flex Administrators, LLC (HSA Administrator)		
Note: The IRS allows HSA account holders to make contributions for the previous tax year as long as it is received by your normal tax-filing deadline (not including extensions), which is typically April 15th of the current year.		
*Select the Type of Contribution (see second page for descriptions) <input type="checkbox"/> Normal <input type="checkbox"/> Catch-Up (age 55+) <input type="checkbox"/> Rollover <input type="checkbox"/> Mistaken Distribution	*Amount \$	*For Tax Year

Signature	
I certify that I am the HSA account holder or another individual authorized to execute this transaction. I have read and understand the instructions and any rules or conditions relating to and have met the requirements for making this transaction. I assume full responsibility for this transaction and will not hold Pro-Flex Administrators, LLC liable for any adverse consequences that may result. I have not received tax or legal advice from Pro-Flex Administrators, LLC and, if necessary, will seek the advice of a tax or legal professional to ensure my compliance with related laws. All information provided by me is true and correct and may be relied upon by Pro-Flex Administrators, LLC. If I have chosen rollover as the contribution type, I make an irrevocable election to treat this transaction as such. I acknowledge that this form may be electronically signed, and I agree that the electronic signature(s) appearing on this document are the same as handwritten signatures for the purpose of validity, enforceability, and admissibility.	
*Consumer Signature	*Date

Rules and Conditions Applicable to Contributions

<p>General Information</p>	<p>Any contributions received will be deposited in your HSA cash account. If you have enabled investments and have automatic transfers enabled, any funds above the minimum threshold will automatically be swept into an interest-bearing account once the amount above the threshold reaches \$100. You can set investment allocations for the mutual fund investments through your account login.</p> <p>The IRS allows HSA accountholders to make contributions for the previous tax year through your normal tax-filing deadline (not including extensions), which is typically April 15th of the current year.</p>
<p>Contribution Type</p>	<p><u>Normal</u> See IRS publication 969 available at http://www.irs.gov/pub/irs-pdf/p969.pdf for annual contribution limits.</p> <p><u>Catch-Up</u> If you are 55 years of age or older during the calendar year, you may make an additional “catch up” contribution of up to \$1000.</p> <p><u>Transfer</u> Use the <i>Health Savings Account Transfer Form</i> to complete that type of transaction.</p> <p><u>Rollover</u> A rollover is a way to move funds from one HSA to another HSA. By properly completing this form, you are certifying to the Custodian that you have satisfied the rules and conditions applicable to your rollover and that you are making an irrevocable election to treat the transaction as a rollover. The rollover only includes funds distributed from either an HSA, Archer Medical Savings Account, or an IRA established in your name.</p> <p>The funds you receive from the distributing HSA must be deposited into another HSA within 60 days after you receive them. When counting the 60 days, include weekends and holidays. Receipt generally means the day you actually have the funds in hand. For example, the 60 days would begin on the day following the day you pick up the check from the Custodian or you receive the check in the mail.</p> <p>IRS Notice 2004-50, Q&A 55 indicates that only one rollover contribution may be made to an HSA during a one-year period. Twelve (12) months must pass after receipt of one rollover distribution before you may take another rollover distribution from the same HSA.</p> <p><u>Mistaken Distribution</u> According to IRS Notice 2004-50, an HSA Custodian may allow the return of mistaken distributions. The Custodian may rely on the Account Owner’s representation that the distribution was, in fact, a mistake.</p>
<p>Signatures</p>	<p>Your signature on this form is required to certify that the information you have provided is true and correct and that you are aware of all the circumstances affecting this HSA contribution. It also certifies that you are eligible to participate in an HSA. Generally speaking, to be eligible, you must be covered by a high-deductible health plan (HDHP) and not covered by any other health plan that is not an HDHP, not entitled to Medicare benefits, and may not be claimed as a dependent on another person’s tax return.</p>

For more information about HSAs, see the free IRS Publication 969, Health Savings Accounts and Other Tax-Favored Health Plans (available from the IRS Website at www.irs.gov) or consult your tax advisor.