



**HEALTH SAVINGS ACCOUNT CONTRIBUTION FORM - Individual/Employee use**

Personal Information - All Fields Required		
First Name _____	M.I. _____	Last Name _____
Address _____	City _____	
State _____	Zip _____	Social Security Number _____
Contribution Information		
Account # (required) _____	Contribution Amount (required) _____	
<b>Contribution Type (required - check appropriate box below)</b>		
<input type="checkbox"/> Current Year Contribution (1)		
<input type="checkbox"/> Prior Year Contribution (2)		
<input type="checkbox"/> Catch-up Contribution (3)		
<input type="checkbox"/> HSA-to-HSA Rollover Contribution (4)		
<input type="checkbox"/> Current Year Correcting Deposit - Return of Mistaken Distribution (5)		

After completing the above Contribution Form, please mail form, along with your check to:

Fifth Third Bank  
P.O. Box 635631  
Cincinnati, OH 45263-5631

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

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