

## **CONTRIBUTION REQUEST FORM**

**Health Savings Account (HSA)** 

## **INSTRUCTIONS**

Complete this form to make a normal, mistaken distribution, rollover or transfer contribution to your BASIC HSA. Enclose a check made payable to BASIC (TPA) and mail with completed form to BASIC, PO Box 7308, Madison, WI 53704-7308. If you have any questions about contributing to your HSA, call BASIC at 800-372-3539 with your Benefits ID available.

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Benefits ID:													
First Name:							ИI:		Last Name:				
Email Address:								Sec	curity Number:				
5: 411	Street:								,			Apt:	
· -	City:									7.10.0			
-	State: Zip/Postal Code:								+4				
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			CON	ITRII	BUT	ION I	NFO	R۱	//ATION				
ontributions over the cas ou may change your curr		-	-					-	-			_	
Contribution Amount \$								•	Contribution Ta	x Year:			
Contribution Type:	☐ Normal: A normal contribution would include a regular, catch-up, or post-tax contribution										ax cont	ribution	
(select one)	☐ <b>Mistaken Distribution:</b> Payment for a mistaken distribution must occur before December												
	31 of the year in which the mistaken distribution occurred. Contributions received after												
	December 31 will be applied to the contribution maximum for the following year.												
	☐ Rollover from (select one): ☐ HSA ☐ MSA (please include a check)												
	Rules and Conditions Regarding Rollovers: A rollover is a way to move money or property from one HSA or Medical Savings Account (MSA) to another HSA. The Internal Revenue Code limits the number of rollovers that may be taken, how quickly rollovers must be completed and how the trustee or custodian must report the transaction.  Timeliness: The funds you receive from the distributing HSA or MSA must be deposited into another HSA.												r of Istodian
	within 60 days of receipt of funds.  12 Month Restriction: You can only make one rollover contribution per HSA to another HSA in a 12-month period. IRA restriction is once per lifetime.												
Transfer from (select one)	: 🗆 HS	SA 🗆	MSA		IRA		A checl	k is	s enclosed from	the previo	us truste	e or cus	todian
			AU	ГНО	RIZ/	TIOI	N/SIG	iN	ATURE				
certify that I am the HSA he instructions and any rull responsibility for this tesult. I have not received egal professional to ensurelied upon by BASIC and Letertion to treat this transactions.	lles or co ransactio tax or leg e my com ake Ridgo	nditions n and w gal advic npliance e Bank.	relati vill not e fron with	ng to hold n BAS relate	and BAS SIC or ed lav	have IC or I Lake ws. Al	met th ∟ake Ri Ridge I infori	ne idg Ba ma	requirements for ge Bank liable for ank and, if necest ation provided b	or making t r any adver ssary, will s y me is true	his transarse conse eek the a e and cor	action. equence edvice o rrect an	l assume s that m f a tax o d may b
ISA Accountholder Signat	ure									 Date			