

HSA Enrollee Deposit/Contribution Form

COVENTRY CONSUMER CHOICESM



Account Holder Information – Must be completed (Please Print)

Mail Handlers Benefit Plan Consumer Option _____ M5010 _____
Plan Name _____ Group Number _____ Member ID Number _____

Account Holder Name (Last, First, MI) _____ Valid Social Security Number _____ Date of Birth _____

Address (MUST be physical street address, will not accept PO Box) _____ City _____ State _____ ZIP Code _____ () _____
Daytime Phone Number _____

Manual Contribution

Contribution Amount \$ _____ For Calendar Year Ending _____

Is this an HSA employee catch-up contribution Yes No

Note: The maximum amount of all contributions to your HSA annually is limited by the IRS. For 2009, the annual IRS limits are \$3,000 for Self-Only and \$5,950 for Self and Family coverage. If you are over the age of 55 you can make additional contributions up to \$1,000.

By signing below, I certify that:

- I qualify to make the contribution indicated,
- I am responsible for making sure my contributions are within the tax code limits, and
- I accept any tax consequences of my contributions.

Enclose check made payable to [Account Holder Name] Health Savings Account and mail to address listed below. Please note on the check this is a manual contribution deposit.

Repayment of Disbursement

Under IRS guidance, you are permitted to repay a mistaken distribution from your Health Savings Account if there is clear and convincing evidence that the distribution was because of a mistake of fact due to reasonable cause. The repayment must be made no later than April 15 following the first year that you knew or should have known that the distribution was a mistake. If you are eligible to return a disbursement to your HSA, please complete the following information.

Amount \$ _____ For Calendar Year Ending _____

Enclose check made payable to [Account Holder Name] Health Savings Account and mail to address listed below. Please note on the check this is a repayment of disbursement.

By signing below, I certify that:

- The distribution was a mistake and that I am eligible to repay it,
- I have clear and convincing evidence of my right to repay the distribution, and
- I am responsible for the tax consequences of this repayment.

HSA Rollover to Coventry Consumer Choice Account

<input type="radio"/> Rollover from another HSA (Does not apply to annual HSA Contribution Limits)	Amount \$ _____	Note – You are limited by the IRS to one HSA rollover annually
<input type="radio"/> Rollover from an Archer MSA (Does not apply to annual HSA Contribution Limits)	Amount \$ _____	
<input type="radio"/> Rollover from an FSA and/or HRA (Does not apply to annual HSA Contribution Limits)	Amount \$ _____	Note – There are specific regulations around the rollover of FSA/HRA – the financial institution receiving the rollover will not validate that these requirements have been met
<input type="radio"/> Rollover from an IRA (Does apply to annual HSA Contribution Limits)	Amount \$ _____	

Enclose check made payable to [Account Holder Name] Health Savings Account and mail to address listed below. Please note the rollover type on the check.

Account Holder Authorization

NOTE: The processing time of a live check deposit contribution could take up to 3 weeks to get deposited in your HSA bank account. To save processing time you can make an electronic deposit contribution online by visiting www.mhbp.com and logging onto My Online Services.

Employee Signature: _____ Date: _____/_____/_____

Print Name: _____