

**HEALTH SAVINGS ACCOUNTS  
CONTRIBUTION FORM**



Group Information	
Group Name: _____	Horizon Group # _____
Location Name (if applicable): _____	
Contact Name: _____	Contact Phone Number: _____
Contact Email Address: _____	
Check Amount: _____	Check Date: _____ Check #: _____ Contribution Date: _____

Contribution Detail				Page ____ of ____	
Name	SSN	Employee Contributions		Employer Contributions	
		Amount	Tax Year	Amount	Tax Year
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<b>Total:</b>				<b>Total:</b>	

Questions? Call Group Leader Services at 1-888-215-0025.  
**Return form along with a check made payable to Horizon to:**  
 P.O. Box 64193  
 St. Paul, MN 55164-0193